UNIVERSITY OF ALBERTA

A QUALITATIVE INVESTIGATION OF GAY MEN'S EXPERIENCES OF HOMOPHOBIC VIOLENCE AND VERBAL ABUSE

By

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Abstract

The purpose of this study is to explore and describe the experiences of survivors of homophobic violence and verbal abuse. An existential-phenomenological methodology is used to conduct and analyze interviews with four adult, gay male co-researchers. Fifteen common themes, expressed by all of the research participants, are distilled into an Essential Description of the Experience of Undergoing Anti-Gay Violence or Verbal Abuse. Eighteen important themes, described by most but not all of the co-researchers, are also identified. Five novel or otherwise noteworthy trends drawn from the identified themes include a prominent process of posttraumatic growth; strong and personally significant experiences of social support; ambivalence and fluctuation in attitudes toward one's own sexuality, openness about one's sexuality, and toward the gay community; ambiguous feelings for and expectations of law-enforcement personnel; and a belief that others might lie or fear that others might think one was lying about having encountered homophobic abuse.

UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled A QUALITATIVE INVESTIGATION OF GAY MEN'S EXPERIENCES OF HOMOPHOBIC VIOLENCE AND VERBAL ABUSE submitted by ROBERT OWEN CEY in partial fulfillment of the requirements for the degree of MASTER OF EDUCATION in COUNSELLING PSYCHOLOGY.

Dr. Len Stewin
(Supervisor)

Dr. Barbara Paulson

Dr. Don Kuiken

Date Approved: August 10, 2000

DEDICATION

To

Matthew Shepard, and all those people who have been made
to suffer for the intolerances of others;

Delwin Vriend, for having the courage and determination to force the government of
Alberta to recognize that gay rights are human rights; and,

My dear parents, for your unflagging encouragement and support
(even when you must have wondered if I would ever finish this project).

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Chapter 1

Introduction to the Study

Research Question

> The victimization of lesbians and gay men, through either verbal harassment or varying degrees of physical assault, is the most common kind of bias-related violence (Berrill, 1990; Comstock, 1991; Finn & McNeil, 1987; Herek, 1989). More than half of the lesbian and gay male adult population have been estimated to have encountered some form of harassment or violence in their lives (Comstock, 1991). (Hershberger & D'Augelli, 1995, p. 65)

Any crime against a person involves a violation of the victim's self, an attack on the essence of the individual (Bard & Sangrey, 1986). Recent research strongly suggests, however, that gay and lesbian victims of hate-motivated violence experience both more varied and more severe physical, psychological, and behavioral sequelae than do other victims of crime (Garnets, Herek, & Levy, 1990; Harry, 1990; Herek, 1989; Levin & McDevitt, 1993; Roberts, 1995). This study constitutes an attempt to gain a better understanding of how gay men, individually and collectively, lived, survived, and gave meaning to the experience of hate-motivated, anti-gay violence or verbal harassment. The question used to direct this research study was as follows:

"What are the common and important experiences of gay male survivors of homophobic violence and verbal abuse?"

Purpose of the Study

My objective in this research was to illuminate the full depth of the lived-experience of being a victim of anti-gay verbal or physical abuse. I wanted to improve our insight into the singularly human character of these experiences-- "their rich, holistic, participative quality" (Fischer & Wertz, 1979, p. 135).

I adopted existential-phenomenology as my research perspective so that I might best accentuate the essential, pre-reflective structures common to most experiences of

homophobic abuse (Valle, King, & Halling, 1989). It was my belief that existential-phenomenology's emphases on consciousness and personal meaning were especially well suited to the study of an experience that can often be closely associated with counselling practice. While aspects of the immediate experience of hate-motivated, anti-gay violence or verbal abuse may be lost to or distorted by traditional quantitative methods, "the integration of counselling practice with phenomenological research methodology...can strengthen both by removing any antithesis between practice and research and replacing it with a metatheoretical unity" (Osborne, 1990, p. 90).

It was my essential hope that this research would produce insights into the experiences of victims of homophobic abuse that, in turn, could be useful to counsellors, other researchers, the survivors of homophobic incidents, and their loved ones.

Significance of the Study

In addition to my aforementioned goal of helping people to cope with and recover from the trauma of hate-motivated, anti-gay violence and verbal abuse, this research was undertaken for two other reasons. First, I wanted to expand my own understanding of the gay community and the challenges that face it. This research project allowed me to explore unfamiliar aspects of my own sub-culture in an in-depth and personally very meaningful way. Secondly, while some quantitative research has been devoted to determining the frequency and mental health correlates of anti-gay abuse experiences (e.g., Berrill, 1992; Dean, Wu, & Martin, 1992; Garnets et al., 1990; Savin-Williams, 1994), I have been unable to locate any rigorous qualitative studies of these phenomena. I felt that the existential-phenomenological perspective on experiences of homophobic violence would provide a much-needed qualitative counter-balance to the existing quantitative literature.

Definitions

Anti-Gay Violence and Verbal Abuse

The expression *anti-gay violence* has been used to describe acts of violence when the "victims are chosen because they are believed to be homosexual. This definition excludes common crimes committed against gay males or lesbians when the homosexuality of the victim is unknown or irrelevant to the choice of victim" (Harry, 1990, p. 350). Because of the extreme difficulty involved in attempting to discover an attacker's motivations directly, I will assume that violence against gay people was prompted by homophobia whenever the victim reports such a belief, based on the entirety of his experience.

Anti-gay verbal abuse has been defined herein as any verbal expression designed to harm or intimidate another person because of his or her presumed homosexuality (Herek, 1989). Including such specific acts as threatening, insulting, harassing, and ridiculing, it has been persuasively argued that anti-gay verbal abuse conveys "raw hatred and prejudice....[and] constitutes a symbolic form of violence and a routine reminder of the ever-present threat of physical assault" (Garnets et al., 1990, p. 373).

Whenever the phrase *anti-gay* (or *homophobic*) *abuse* occurs in this text, it should be understood to signify either or both of anti-gay violence and anti-gay verbal abuse.

The broader but related term *hate crime* may also require some clarification. While various police agencies across Canada and in other jurisdictions differ in their definitions of what constitutes a hate crime (Roberts, 1995), they may generally be conceived of as crimes (involving either direct, physical acts or verbal harassment) "in which the offender is motivated by a characteristic of the victim that identifies the victim as a member of some group towards which the offender feels some animosity" (Garafalo & Martin, 1991, as cited in Roberts, p. 7). Roberts argued, and I agree, that hate crime should be fairly broadly defined. The term should include circumstances in which an offender is motivated in whole or in part by bias, rather than demanding that there be no motive at all other than bias. Hate crimes are particularly serious "because they potentially victimize an entire class of people. Based on an individual's minority status, they assail the victim's identity and intimidate other group members" (Herek, 1989, p. 948).

Coming Out

Coming out (or "coming out of the closet") refers to the process by which lesbian, gay, and bisexual people disclose their sexual orientation (Rhoads, 1995). While sometimes thought of as a discrete event (usually the first time the individual reveals their sexuality to another), the term most commonly denotes (as it does herein) "a lifelong process of information management" (Cain, 1991, p. 67) concerning sexual orientation and identity. Most normative models of the development of gay identity conceptualize coming out as a primarily positive and constructive process, promoting "an end of self-denial, the claiming of a sense of identity and, for many, the beginning of developing positive self-esteem" (Rhoads, 1994, p. 79).

Heterosexism

Generally, *heterosexism* refers to "the belief that everyone is or should be heterosexual" (Rhoads, 1995, p. 69). More specifically, heterosexism denotes

> an ideological system that denies, denigrates, and stigmatizes any nonheterosexual form of behavior, identity, relationship, or community. Like racism, sexism, and other ideologies of oppression, heterosexism is manifested both in societal customs and institutions, such as religion and the legal system...and in individual attitudes and behaviors. (Herek, 1990, pp. 316-317)

Homophobia

Closely related to heterosexism, the term *homophobia* denotes a hostile attitude toward and prejudice against lesbians and gay men (Herek, 1985). The phenomenon has both affective and cognitive aspects (Herek, 1985) and "operates on four distinct but interrelated levels: the personal, the interpersonal, the institutional, and the cultural" (Blumenfeld, 1992, p. 3). In this study, the word homophobia will be used to refer to heterosexism that has been realized in attitudes, beliefs, behaviors, or feelings. The inclusion of the root word phobia in this term is not meant to imply that homophobia ought to be thought of as a phobic disorder, in the classical sense. While it appears that homophobic attitudes do assume a truly phobic character in some cases, "different people can express similar attitudes for entirely different reasons and...one person's attitudes toward different social objects may each serve different functions" (Herek, 1985, p. 7). I have chosen to employ the word homophobia, despite the fact that its use could engender some confusion, because "it is steadily gaining currency among sexual minorities, heterosexuals, and the mainstream press" (Blumenfeld, p. 15). However imperfect or imprecise the term may be, it seems to be well enough understood at this point in time (Stein, 1996).

Internalized homophobia

One type of homophobia of particular interest in this research is *internalized homophobia*. Referring to homophobic attitudes, beliefs, and feelings that may be held by gay, lesbian, and bisexual people, themselves (Meyer, 1995), the modifier "'internalized' is used to emphasize the dynamic process aspect of internalization of social attitudes by the individual" (Alexander, 1987, p. 12). Internalized homophobia occurs when the "pervasive societal denigration of homosexuals" (Romance, 1988, p. 40) leads some lesbians and gay men to accept the stereotypes and hostility that currently characterize social perceptions of and attitudes toward homosexuality. Research suggests that levels of

internalized homophobia are positively and significantly correlated with demoralization, guilt, suicidality, stress, sexual problems (Meyer), depression, and low self-esteem (Alexander).

Stress

An organism's biological and psychological responses to personal and environmental adjustive demands may be defined as *stress*. The adjustive demands themselves, whatever their nature or origin, are *stressors*, and any stressor that severely taxes an individual's adaptive resources may be said to be *traumatic*. Finally, any attempt by an individual to deal with or relieve stress may be conceptualized as a *coping strategy* (Carson & Butcher, 1992).

Victim

For the purposes of this research, a *victim* has been defined as "someone who has suffered harm, injury, or loss as a result of the intentional or negligent actions of other human beings" (McCann, Sakheim, & Abrahamson, 1988, p. 532). Such harm or loss may be physical or psychological. It may include any acts of verbal abuse, physical attack, harassment, or property damage that caused suffering for the targeted individual (Janoff-Bulman & Frieze, 1983).

In this study, I think it important to note that categorizing a person as a victim does not relegate him or her to mere passivity. I believe that the survivors of any form of abuse should be viewed as "active, problem-solving individuals who are...capable of coping with the aftermath of the attack and using the experience as an opportunity for growth" (Garnets et al., 1990, p. 367). The terms victim and *survivor* have been used interchangeably throughout this text.

Having considered the essential question guiding this research project, the purpose and significance of the study, and how various important terms will be defined and employed herein, the relevant literature addressing issues related to anti-gay violence and verbal abuse may now be reviewed.

Chapter 2

Literature Review

Most of the existing research pertaining to anti-gay violence and verbal abuse is focused on either surveying the frequency and type of incidents of abuse or on examining the psychological impact of such experiences. In order to provide sufficient background and context for the research undertaken here, this review includes literature from three general categories. This chapter focuses on research regarding the frequency and type of homophobic verbal and physical abuse experienced by members of the gay community; literature addressing the psychological impact of experiences of violence and verbal abuse, generally; and studies of the unique challenges faced by survivors of anti-gay violence and verbal abuse, in particular.

Surveys of Frequency and Type of Anti-Gay Violence and Verbal Abuse

> Research...has clearly shown that gays and lesbians are a principal target for hate crimes. In addition, there are several reasons to believe that members of the gay community are less likely than any other victimized group to report incidents to the police. (Roberts, 1995, p. xi)

There is a substantial body of recent survey research devoted to the investigation of the phenomenon of anti-gay violence and verbal abuse. The theoretical works, meta-analyses, and actual studies that I reviewed include or refer to over 85 separate surveys conducted between 1969 and 1995 that address experiences of homophobic abuse (e.g., Berrill, 1992; Comstock, 1991; Dean et al., 1992; Harry, 1990; Herek, 1989; Hershberger & D'Augelli, 1995; Roberts, 1995; Samis, 1995; Savin-Williams, 1994). This fairly extensive body of literature may be usefully divided into "snapshot" or cross-sectional surveys and longitudinal surveys. The simpler cross-sectional type samples information at a specific point in time, while longitudinal surveys collect data at different times in order to examine changes or time-ordered correlations (Borg & Gall, 1989).

Cross-Sectional Survey Literature

The great majority of the survey literature on anti-gay abuse events is of a cross-sectional character. This provides for economical descriptions of how the members of sampled populations are distributed among the preexisting response alternatives for experiences of homophobic behavior (Borg & Gall, 1989).

Of the 85 cross-sectional surveys included in this review, approximately three-quarters sampled members of the gay community, generally, while the remaining one-quarter were focused specifically on the experiences of students in junior and senior high schools and post-secondary institutions. Because of variations in purpose and design, many of these surveys are not directly comparable. However, each serves to further our broad understanding of the prevalence of anti-gay abuse.

The surveys whose participants were not selected for specific age or educational status reported lifetime rates of anti-gay physical violence ranging from 16% (Berrill, 1992, p. 24) to 73% (Herek, 1989, p. 950) and of homophobic verbal abuse between 58% (Berrill, 1992, p. 22) and 92% (Herek, 1989, p. 950). Despite the fact that "sample characteristics, geographic locations, and sampling strategies varied considerably, all of the surveys found harassment and violence to be widespread" (Berrill, p. 20). A comparison of the results of 22 largely or wholly male-focused, non-school based surveys that included the most closely related questions produced a mean lifetime incidence of anti-gay physical violence of 29.9% and a median incidence of 24% (Berrill; Comstock, 1991; Herek, 1989; Samis, 1995). 18 similarly focused studies of experiences of homophobic verbal abuse produced a mean lifetime rate of 79.4% and a median rate of 80.5% (Berrill; Herek, 1989; Samis, 1995).

These results actually seem rather conservative when compared to the outcomes of two other summaries that focused on more recent survey data. Berrill (1992) reported that in 24 other separate studies surveying specific types of anti-gay victimization, "the median proportion of respondents who were verbally harassed was 80%;...25% were pelted with objects;...17% were physically assaulted; 13% were spat upon; and 9% experienced an assault with an object or weapon" (p. 20). Since it is likely that any response overlap among these categories is only partial, Berrill's analysis produces an overall lifetime median rate of homophobic violence somewhere in excess of 25%. Comstock (1991) reviewed only four studies considered "of sufficient uniformity to permit comparative and conclusive statements" (p. 35). This resulted in a mean lifetime reported rate of anti-gay violence of 53% (Comstock, 1991, p. 36).

Those cross-sectional surveys that sampled youth and student populations revealed incidences of homophobic violence that ranged from 15% (Berrill, 1992, p. 33) to 57%

(Comstock, 1991, p. 35) and of verbal abuse ranging from 40% (Berrill, 1992, p. 33) to 76% (Berrill, 1992, p. 33). A collation of the results of seven similarly structured, youth-focused surveys produced an average reported rate of anti-gay physical violence of 35.3% and a median rate of 38.3% (Berrill; Comstock, 1991; Hershberger & D'Augelli, 1995; Savin-Williams, 1994), incidences that were actually higher than the lifetime rates reported in some surveys of adults. This discrepancy, along with other evidence to be reviewed at a later point, suggests that occurrences of homophobic violence, or victims' willingness to report such attacks, may be increasing. Finally, seven survey based studies of homophobic verbal abuse of students and youth produced a mean lifetime rate of 56.1% and a median rate of 55% (Berrill, 1992).

It must be noted that the methodological quality of cross-sectional surveys of gay and lesbian victim populations has varied widely (Herek & Berrill, 1992). Because individual lesbians and gay men differ in their degrees of openness and visibility, they form a population that is extremely difficult to sample representatively (Herek & Berrill, 1990). Most of the reviewed surveys resorted to non-probability or "opportunistic" techniques such as soliciting responses through gay and lesbian community organizations and events, clubs, bookstores, newspapers, bars, and friendship networks (Comstock, 1991). It is very likely that these convenience samples under represent lesbians and gay men who are "closeted, disabled, economically disadvantaged, elderly or very young, members of racial minority groups, or living in rural settings" (Berrill, 1992, p. 39), who avoid or lack access to gay publications, events and institutions. Those adult-focused surveys that included demographic data on their samples revealed a disproportionate number of highly educated white males of middle income (Berrill). The school and youth-focused studies, on the other hand, are very likely to under represent out-of-school youth, generally (Faulkner & Cranston, 1998) and to over represent young people in urban youth agencies, in contact with the legal system, or who are members of campus gay organizations (Savin-Williams, 1994). Several authors have noted (especially with regard to youth and student populations) that the individuals most likely to be sampled in these studies are those who are "out" and committed to self-disclosure. It is suggested that these more visible gays and lesbians likely suffer more frequent victimization than their less open counterparts (D'Augelli, 1992; Harry, 1990; Rhoads, 1995). Relatedly, nearly all survey subjects were volunteers, and this self-selection is likely to have further biased the samples that were obtained (Borg & Gall, 1989).

The number of subjects accessed may have been another problem in a minority of the surveys reviewed. While most had sample sizes well in excess of the minimal 100

recommended by Sudman (1976, p. 30), approximately 20% fell short of that requirement, likely increasing the level of overall sampling error.

Due to these methodological shortcomings, the precise extent of homophobic violence and verbal abuse is currently unclear and will remain so until further research with larger, more representative samples can be conducted. What remains obvious, however, is that abusive behavior directed against lesbians and gay men is very widespread. "Even if no attempt is made to generalize from the samples described,...the sheer number of incidents reported in these studies is staggering" (Berrill, 1992, p. 40). At a minimum, the cross-sectional survey data lead to the conclusion that homophobic violence and verbal abuse persist across North America and directly affect significant numbers of gay and lesbian people.

Longitudinal Survey Literature

Much of the available data pertaining to episodes of anti-gay victimization are derived from passive surveillance systems (such as police records and statistics compiled by community "hot-lines") that depend upon third party record-keepers and the readiness of victims to make reports (Dean et al., 1992). While the pervasiveness of homophobic abuse in North America is now well established, most passive surveillance reports, when taken together, further suggest that anti-gay violence and verbal abuse may be becoming increasingly frequent. Anti-gay incidents reported to the National Gay and Lesbian Task Force (NGLTF) in the United States, for example, rose from 2,042 in 1985 to 7,031 in 1989 (NGLTF, 1985-1989, as cited in Berrill, 1992, p. 36). The New York City Gay and Lesbian Anti-Violence Project recorded a nearly threefold increase in reports of homophobic crime between 1984 and 1990 (Kirschenbaum, as cited in Berrill, p. 36). Finally, from 1989 to 1990 alone, reports of anti-gay incidents increased by an average of 42% in six major U.S. metropolitan areas (NGLTF Policy Institute, as cited in Berrill, p. 37).

Unfortunately, passive surveillance data "are vulnerable to a number of biases that can artificially increase or decrease rates of reporting crimes and acts of aggression" (Dean et al., 1992, p. 47). Fear of secondary victimization and stigmatization at the hands of the police or other officials may have led to serious underreporting of incidents. Conversely, the advent of victims' advocacy groups, greater public awareness of anti-gay crime, and an increasing sense of community among gays and lesbians may be helping to alleviate the problem of underreporting due to embarrassment and fear. "Thus the rise in rates of anti-gay hate crimes...may be due more to an increased willingness by the gay population to report these events than to a true increase in their occurrence" (Dean et al., p. 47). A

further, serious threat to the validity of this passive surveillance data consists in irregularities in both the numbers of groups contributing information in each data-collection period and in the variations in groups' definitions of anti-gay violence (Berrill). Overall, despite any recent increases in rates of reporting, Roberts (1995) concluded that perhaps one hate crime in ten is ever reported to the police.

Taken as a group, these chronologically ordered, passive surveillance studies of general populations of gays and lesbians may be considered to constitute longitudinal surveys of the trend study type. Another form of longitudinal survey, the panel study, avoids some of the methodological problems inherent in passive surveillance/trend studies. Panel studies, by sampling the same specific individuals at each data-collection point, allow for an examination of how individuals (as well as groups) change over time with respect to the variables in question (Borg & Gall, 1989).

In their 1984 to 1990 panel study of gay men in New York City, Dean et al. (1992) reported several significant trends. First, they found that the proportion of subjects reporting incidents of homophobic violence in the preceding 12 months was relatively stable from year to year. It increased from 9% in 1985 to a high of 17% in 1988 and then declined to 14% in 1990. Secondly, Dean et al. noted that older gay men tended to report fewer episodes of anti-gay violence than their younger counterparts. Finally, they concluded that the generation or cohort into which he is born strongly influences a gay man's likelihood of being targeted for homophobic violence. In 1985, 5% of men aged 18 to 24 experienced anti-gay violence at least once; six years later, the figure for the same age group had risen to 32%. Based on this evidence, it would appear that "the world is becoming a more dangerous place for young gay men as they mature into adulthood" (Dean et al., p. 62). Unfortunately, it remains unclear whether this trend toward increasing rates of homophobic violence has continued or if it was limited to the period of time under study.

While the panel study conducted by Dean et al. (1992) was generally rigorously conducted, some methodological concerns are worthy of note. First, as with most surveys of gay people, the sampling technique used was not truly random. By obtaining subjects only through gay organizations, events and friendship networks (Dean et al. p. 49), the resulting sample was unlikely to be representative. Second, with rates of subject attrition ranging from 5 to 10% per year, the effects of volunteerism are likely to be quite pronounced. Next, with sample sizes in some of the major subgroups frequently falling below the recommended minimum of 100 (Sudman, 1976, p. 30), sampling error may have been significantly increased. Finally, by recruiting new subjects for the 18 to 23 year-old age group in 1990 using a different sampling technique than was originally employed (Dean et al., p. 51), comparisons between the new group and men in that age category in

previous years are of limited value. The significant demographic differences between the two samples (Dean et al., p. 52) suggest even greater caution.

On balance, the cross-sectional and longitudinal surveys of victims of anti-gay violence and verbal abuse provide data that are suggestive rather than conclusive. Non-representative samples and other methodological shortcomings definitely limit the precision of the reported results. Nevertheless, it can be stated with confidence that homophobic abuse in North America affects a very significant and "relatively stable portion of the gay male population from year to year" (Dean et al., 1992, p. 62). As Potter (1987) concluded in her study of gay and lesbian victimization, "anti-gay violence is a serious, if not growing, problem" (p. 3). With the extent of homophobic behavior reasonably well established, what remains to be addressed is the psychological impact that such incidents may have.

Literature Regarding the Psychological Impact of Violence and Victimization in General

> The experience of being criminally victimized has profound psychological consequences, both immediate and long-term (Burgess & Holmstrom, 1979; Fischer & Wertz, 1979; Frederick, 1980). It is clear from research evidence that...bodily injury, commonly thought of as the most unsettling aspect of victimization, may in fact be of less importance than the psychological damage suffered by the victim (Bard & Sangrey, 1979; Symonds, 1976). Depending on the individual and the circumstances, the harmful actions of another produce personal disruptions of feelings and behavior which can range from relatively short-term discomfort to a disabling long-term post-traumatic stress disorder (Bard & Sangrey, 1979; Maguire, 1980; Frederick, 1980). (American Psychological Association, 1984, pp. 3-4)

Violence and victimization have been topics of immense public interest and concern throughout the 20th century. War, terrorism, genocide, and other atrocities have involved victimization on massive scales, while less organized violence and crimes affect millions of people each year around the world (McCann et al., 1988). The majority of North Americans consider violent crime to be a serious and worsening social problem (Hanson, Kilpatrick, Falsetti, & Resnick, 1995). The great importance that has been attached to

issues of violence and victimization has helped to generate a diverse and growing body of empirical and theoretical literature in the area. What follows includes an overview of the identified psychological syndromes and more general response patterns associated with being a victim of violence or other form of abuse and the theories and therapies put forward to explain and treat reactions to these traumatic events.

Psychological Syndromes Associated with Violence and Victimization

The generally predominant diathesis-stress model of mental illness defines a psychological disorder as "the product of stress operating on an individual who harbors a diathesis [or vulnerability] for the type of disorder that emerges" (Carson & Butcher, 1992, p. 98). While stress may thus be said to play an important role in the development of all psychological problems, in most cases the onset of a disorder is preceded by a gradual accumulation of stressors that eventually overcome a person's adaptive resources, rather than by a discrete, preeminent, stressful event. The current Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (DSM-IV, 1994) recognizes three syndromes that are thought to be associated with exposure to a single, identifiable, and precipitating psychosocial stressor. These are Adjustment Disorder, Posttraumatic Stress Disorder, and Acute Stress Disorder.

Adjustment Disorder involves the development of rather loosely defined but clinically significant behavioral or emotional symptoms within 3 months of the onset of an identifiable psychosocial stressor (except for the death of a loved one, which may involve the distinct diagnosis of bereavement). The individual's reaction is said to be clinically significant if it includes either marked distress that exceeds what might be expected for the particular stressor, or a significant impairment in academic, occupational, or social functioning. Subclassifications of this disorder identify the individual's predominant symptoms. They include types with depressed mood, anxiety, disturbance of conduct, and mixed or unspecified symptoms. Adjustment Disorder is not diagnosed if the disturbance meets the criteria for any other specific Axis I disorder or if it constitutes only an exacerbation of an existing Axis I or Axis II disorder. Finally, by definition, an Adjustment Disorder cannot last more than 6 months from the termination of the stressor or its consequences (American Psychiatric Association, 1994, pp. 623-627).

Posttraumatic Stress Disorder (PTSD) involves both more specific psychosocial stressors and a more specific cluster of symptoms than does Adjustment Disorder. PTSD may only be diagnosed when the individual has been exposed to a traumatic event that involved experiencing, witnessing, or being confronted with threatened or actual death or serious injury or a threat to the physical integrity of oneself or others. The individual's

response must involve intense fear, helplessness, or horror (or agitated or disorganized behavior in children). Another symptom resulting from the traumatic experience is persistent re-experiencing of the traumatic event through thoughts, images, perceptions, dreams, flashbacks, or distress or reactivity at exposure to cues that are reminiscent of the traumatic event. A further group of symptoms required for a PTSD diagnosis includes continuing avoidance of stimuli associated with the original trauma and a numbing of overall responsiveness (which was not present before the trauma). These can be expressed via attempts to avoid thoughts, feelings, conversations, activities, places, or people that have become associated with the trauma; forgetting aspects of the trauma; markedly reduced interest in significant activities; feeling detached or estranged from others; exhibiting a restricted range of affect; or having a sense of a foreshortened future. Another required symptom group includes persistent indications of increased arousal (not found before the trauma). This can involve insomnia, difficulty concentrating, irritability, hypervigilance, or an exaggerated startle response. The final criteria for a PTSD diagnosis are that the disturbance last more than 1 month and that it cause clinically significant impairment or distress in occupational, social, or other important functional areas (American Psychiatric Association, 1994, pp. 424-429).

Acute Stress Disorder is very similar to PTSD but involves a more immediate onset and a shorter duration. The condition lasts from a minimum of 2 days to a maximum of 4 weeks and manifests within 4 weeks of the triggering traumatic event. Acute Stress Disorder must involve exposure to the same type of trauma as was delimited for PTSD. In addition to the main PTSD symptoms of persistent re-experiencing, avoidance of trauma associated stimuli, and increased arousal, Acute Stress Disorder incorporates the experiencing of dissociative symptoms either during or after the distressing event. This can involve a sense of numbing or lack of emotion, a reduced awareness of one's surroundings, derealization, depersonalization, or a loss of memory for aspects of the trauma. The symptoms of Acute Stress Disorder must not be attributable to any drug, general medical problem, Brief Psychotic Disorder, or an exacerbation of an already-existing Axis I or Axis II disorder. A final necessary criterion for a diagnosis of Acute Stress Disorder is that it produce clinically significant impairment or distress in important functional areas or impair the subject's ability to apply him- or herself to an important task (American Psychiatric Association, 1994, pp. 429-432).

Some other DSM-IV disorders, while not as closely linked to discrete traumatic experiences as the preceding three, have been noted to occur with increased frequency after exposure to significant stress, either alone or concurrent with one of the aforementioned post-trauma syndromes. These include Panic Disorder, Obsessive-Compulsive Disorder,

Agoraphobia, Social Phobia, Specific Phobia, Somatization Disorder, Major Depressive Episode or Disorder, Brief Psychotic Disorder, and Substance-Related Disorders (American Psychiatric Association, 1994).

The posttraumatic stress syndromes defined by the various editions of the DSM (particularly Posttraumatic Stress Disorder itself) have not been accepted without criticism. Several researchers have noted that PTSD best describes the reactions of adults and may be much less applicable to children and adolescents (Armsworth & Holaday, 1993). More generally, Armsworth and Holaday state that the PTSD concept may be "being overapplied to all survivors of all stressful events" (p. 49). Shalev, Galai, and Eth (1993) point to frequent reports of negative therapeutic outcomes when treating PTSD with a single therapeutic approach as evidence of the existence of several layers or semi-independent foci of psychological dysfunction in survivors of severe trauma. Furthermore, the DSM criteria have been said to fail to distinguish between PTSD and normal grief or trauma reactions (Shalev et al.) and to overlap excessively with such disorders as anxiety, depression, and substance abuse (McCann & Pearlman, 1990). Many authors argue that trauma cannot be linked to any specific psychological disorder. They assert instead that "the PTSD diagnosis is merely a 'slice of the pie' that is not meant to incorporate the complex psychological phenomena associated with trauma but rather represents the most parsimonious view of post-trauma sequelae that differentiates it from other disorders" (McCann & Pearlman, p. 39). With such difficulties involved in the definition of specific trauma-related syndromes, it is useful to review the literature that focuses instead on the general description of the reactions of survivors of traumatic events to their experiences.

Reactions to Violence and Victimization

Researchers have scrutinized the reactions of victims of rape, childhood physical and sexual abuse, burglary, robbery, domestic violence, assault, disasters, warfare, and other traumatic events and have discovered surprising commonalties (American Psychological Association, 1984; McCann & Pearlman, 1990). While it should be remembered that some trauma victims "are able to adjust to their normal life activities after being victimized without any ostensible distress, or symptom complex" (American Psychological Association, p. 24) many survivors are not so fortunate. Various areas of disturbed functioning have been identified among individuals exposed to traumatic events. Some of these patterns overlap with the diagnostic criteria of trauma-related DSM-IV syndromes, while some are more reflective of other psychological disorders. Additionally, several researchers have noted general stage-wise processes of reaction and recovery among trauma survivors.

Areas of disturbed functioning among survivors of violence and victimization.

Examinations of the response patterns of survivors of different types of trauma have identified five general categories of reactions to victimization. These include the affective, cognitive, physiological, behavioral, and interpersonal (McCann et al., 1988).

Noted affective responses have consisted of fear and anxiety (which are ubiquitous among victims of threatened or actual harm); depression and sadness (again, found among almost all victims); decreased self-esteem (also very common and often said to be linked to victim self-blame); anger (usually directed at the source of one's misfortune, fate, or others who have been spared from suffering); emotional re-experiencing of events; and feelings of distress, helplessness, guilt, and shame (American Psychological Association, 1984; Armsworth & Holaday, 1993; Bard & Sangrey, 1986; Briere, Elliott, Harris, & Cotman, 1995; Falsetti & Resnick, 1995; Hanson et al., 1995; McCann & Pearlman, 1990; McCann et al., 1988).

The cognitive category of victim response patterns includes the following reported elements: re-experiencing phenomena (such as nightmares, flashbacks, and intrusive thoughts); dissociative symptoms (including derealization, depersonalization, dissociative amnesia, and development of multiple personalities); deficits in intellectual functioning (especially among children); a pessimistic outlook on life or sense of "futurelessness"; a reduced sense of agency and self-efficacy; self-blame; and challenged or changed assumptions regarding safety, autonomy, trust, and justice (American Psychological Association, 1984; Armsworth & Holaday, 1993; Bard & Sangrey, 1986; Briere et al., 1995; Janoff-Bulman & Frieze, 1983; McCann & Pearlman, 1990; McCann et al., 1988; Miller & Porter, 1983; Perloff, 1983; Wortman, 1983).

The physiological reactions that have been associated with trauma exposure include chronic hyperarousal and overreactivity (involving increased heart rate, blood pressure, respiration, and secretion of "stress hormones"); an exaggerated startle response; sleep disturbances; changes in appetite; generalized health problems and somatic complaints; and, among children, failure to thrive (American Psychological Association, 1984; Armsworth & Holaday, 1993; Bard & Sangrey, 1986; McCann & Pearlman, 1990; McCann et al., 1988).

The behavioral patterns linked to exposure to traumatic situations are aggressive, disruptive, or anti-social conduct; impaired social functioning (including isolation and withdrawal, diminished social skills, and decreased occupational and academic achievement); suicidality; self-mutilation; substance abuse; developmental regression;

reenactment and repetitive play (among children); and personality disorders (although this last area is controversial and may involve the mimicking or actual generation of such a condition or increased victimization of individuals with a preexisting personality disorder) (American Psychological Association, 1984; Armsworth & Holaday, 1993; Bard & Sangrey, 1986; Briere et al., 1995; Falsetti & Resnick, 1995; Hanson et al., 1995; McCann & Pearlman, 1990; McCann et al., 1988).

Interpersonal effects that have been noted among trauma survivors include sexual problems and dysfunctions (especially among victims of sexual abuse and assault), difficulties in intimate relationships (such as decreased trust, fear of closeness, and other marital and family problems), increased risk of repeated victimization later in life (although this link is only correlational), and a greater likelihood of victimizing others (especially among individuals with exposure to familial violence or sexual abuse) (American Psychological Association, 1984; Bard & Sangrey, 1986; Briere et al., 1995; Hanson et al., 1995; McCann & Pearlman, 1990; McCann et al., 1988).

The existing research on psychological responses associated with trauma and victimization provides a broad base of very useful information, but is still subject to certain measurement, sampling, and design critiques. Several of the empirically based studies utilized biased sampling techniques. Subjects were often volunteers or members of clinical populations. Indeed, very little data has been obtained regarding victims who never seek mental health services. Additionally, many empirical studies failed to use a control group or drew such groups only from other, non-victim, clinical populations. Relying on such potentially biased comparison groups may actually result in an underestimation of the severity of the consequences of victimization (McCann et al., 1988). Results obtained from laboratory studies have been attacked for showing only very limited generalizability to "real world" stress and trauma (Wortman, 1983). Finally, all research in this area must attempt to deal with the complex issue of disentangling the effects of different traumatic stressors over each individual's life history (McCann et al.).

Stages of reaction to and recovery from trauma.

With a substantial body of knowledge in place regarding the various response patterns shown by trauma survivors, several authors have attempted to integrate this information into a stage-based description of how survivors progress from victimization to eventual recovery. Most researchers now agree that responses to victimization follow a generally predictable sequence (American Psychological Association, 1984). The existing formulations portray this sequence as consisting of three or four separate stages. The authors have generally conceived of these stages in a linear form, with an overall forward

progression from one phase to the next being necessary for complete recuperation. Bard and Sangrey (1986) further note that the stages must be seen as having blurred and indistinct boundaries and that crisis survivors often move forward and back, progressing and relapsing, until, ideally, making a complete recovery.

The researchers and theorists in this area have identified a broad range of biopsychosocial factors that may significantly influence the speed with which an individual trauma survivor resolves each response stage and the process as a whole. These factors include the severity of the traumatic experience; its meaning and significance to the victim; the degree of physical injury or disability suffered; the individual's previous level of psychological functioning (including intelligence, social skills, personality, self-esteem, hardiness, autonomy, and locus of control); any history of prior traumatic experiences; and the availability and adequacy of personal, family, community, police, mental health care and other supports (American Psychological Association 1984; Bard & Sangrey 1986; Carson & Butcher, 1992; Fischer & Wertz, 1979; Falsetti & Resnick, 1995; Hanson et al., 1995; Janoff-Bulman & Frieze, 1983).

The Final Report of the American Psychological Association's Task Force on the Victims of Crime and Violence (1984) outlined the literature on phases of trauma reaction using the predominant three-stage approach and generally characterized those stages as immediate reactions, short-term reactions, and long-term reactions. This three-part summary structure will be utilized in the following section.

Researchers have shown the least consensus in their formulations of the immediate reaction stage of victimization. This phase is said usually to occur immediately upon trauma exposure (although onset is sometimes delayed for hours or even weeks) and may last anywhere from minutes to days (American Psychological Association, 1984; Bard & Sangrey, 1986; Carson & Butcher, 1992). Labeled "impact-disorganization" by Bard and Sangrey and "outcry" by McCann and Pearlman (1990), this stage involves numbness or disorientation, denial, and feelings of depression, vulnerability, loneliness, and helplessness (Bard & Sangrey). Other proposed components of this stage include anger, fear, anxiety, disturbed sleep, nightmares, and physiological reactions (such as headaches, diarrhea, and a worsening of any existing medical problems) (American Psychological Association).

Some writers have preferred to subdivide this first phase into two distinct sections. Symonds (1975, 1976) identified an initial stage of shock, denial, disbelief, and temporary paralysis followed by a second phase of frozen fright characterized by a sense of pseudo-calm detachment and regressive behaviors. In their summary of coping behavior among rape survivors, Carson and Butcher included an initial anticipatory phase prior to the impact

phase proper. This anticipatory period occurs before the actual rape, as the victim begins to become aware that a dangerous situation exists. Victims at this sub-stage of a traumatic experience may use denial or other defense mechanisms to preserve their sense of personal invulnerability. This could involve thoughts such as "rape could never happen to me" (Carson & Butcher, 1992, p. 162).

Once the victim's immediate reactions have run their course, he or she enters the short-term reactions stage. This period has also been labeled the "recoil phase" (Bard & Sangrey, 1986). A victim in this stage of the trauma experience has been characterized as alternating between active attempts to reintegrate his or her fragmented sense of self and world and periods of rest and avoidance (Bard & Sangrey; McCann & Pearlman, 1990). Typically lasting from three to eight months, this phase involves powerful and shifting affective experiences ranging from fear to vengeful rage and potentially alternating between confident elation and feelings of sadness, guilt, and incompetence (American Psychological Association, 1984). One of the quintessential aspects of this phase is intrusive, often repetitive re-experiencing of the trauma through flashbacks, nightmares, images, thoughts, emotions or compulsive behaviors. These experiences may occur in a context of numbing and dissociation from the contents of the recollections (American Psychological Association; Bard & Sangrey; McCann & Pearlman). Many victims report diminished senses of trust, autonomy, and self-respect at this time (Bard & Sangrey). Finally, during this stage, many physiological and behavioral reactions, such as insomnia, agitation, uncontrollable tearfulness, drug use, and disturbed interpersonal relationships occur or continue. Self-protective behaviors, such as obtaining self-defense training or a weapon, moving, or changing locks or telephone numbers are also often a component of this stage (American Psychological Association; Bard & Sangrey; Carson & Butcher, 1992). Bard and Sangrey assert that the development of a diagnosable Posttraumatic Stress Disorder is "found in the crime victim who is unable to get beyond the symptoms of the impact stage or who makes what seems to be a normal recovery and then is suddenly thrown back to earlier acute symptoms" (p. 47).

In most cases, trauma survivors will eventually move on to the final phase of long-term reactions. This period is variously referred to as the "reorganization" (Bard & Sangrey, 1986), "transition and integration" (McCann & Pearlman, 1990), or "reconstitution stage" (Carson & Butcher, 1992). It may last anywhere from a few months to several years (American Psychological Association, 1984; Bard & Sangrey; Carson & Butcher). This last phase of the trauma reaction involves the victim's gradual assimilation and acceptance of his or her experience (Bard & Sangrey; Carson & Butcher; McCann & Pearlman). The recovering victim experiences fewer and fewer nightmares and intrusive

thoughts, diminished feelings of fear and anger, more stability of mood and behavior, greater ability to invest personal energies into other things, and an increasing capacity to reflect upon and discuss the trauma without personal upset (American Psychological Association; Bard & Sangrey; McCann & Pearlman). Reminders of the traumatic event may still evoke painful reactions, but these experiences are usually brief and relatively mild (Bard & Sangrey).

The victim's long-term reactions are often characterized as assimilations, transformations, or revisions; while suffering diminishes, trauma survivors do not forget their victimization experience. Its effects may remain as part of a permanently altered self. The individual's values, expectations, self-perceptions, social relationships, and habits and other behaviors may all be changed to accommodate the lived reality of victimization while reasserting (to one degree or another) one's need for safety, autonomy, and trust (American Psychological Association, 1984; Bard & Sangrey, 1986; Fischer & Wertz, 1979; McCann & Pearlman, 1990). In some cases, these long-term changes may involve personal and social constriction and increased dependency or isolation (American Psychological Association; Carson & Butcher, 1992; Fischer & Wertz). On the other hand, many authors note that this period of reorganization may instead represent an opportunity for adaptive development. With appropriate help and support, trauma survivors can emerge from their experiences stronger, more independent, and better integrated than ever before (American Psychological Association; Bard & Sangrey; Carson & Butcher; Fischer & Wertz; McCann & Pearlman). It is with victimization's at once growth promoting and diminishing or even pathogenic potential in mind that several researchers strongly recommend the swiftest possible mobilization of family and social supports and early psychological treatment interventions (American Psychological Association; Armsworth & Holaday, 1993; Bard & Sangrey).

Theories and Therapies for the Explanation and Treatment of Posttraumatic Reactions

With a broad descriptive literature available regarding the progressive symptomatology of individuals exposed to severe trauma, many clinicians and researchers have proposed theoretical frameworks (or adaptations of existing frameworks) to organize, integrate, and explain these data. Each of the main theoretical approaches to traumatic stress reactions have produced treatment modalities aimed at the alleviation of the psychological difficulties experienced by trauma survivors. This section includes brief descriptions and evaluations of the five primary theoretical perspectives on traumatic stress

and their associated therapies. These five main approaches are the medical or biological, behavioral, cognitive, psychodynamic, and humanistic-existential.

Biological theories and therapies.

Dating back to the early concepts of "shell shock" and "soldier's heart," the medical or biological perspective on posttraumatic stress reactions has a very long history (Shalev et al., 1996). Current biological models of reactions to extreme stress include dysregulation of opioid neuromodulation, dysregulation of other aspects of neurochemistry, imprinting of traumatic memories, and an inherited predisposition for experiencing anxiety.

Derived largely from studies of animals exposed to inescapable shock situations, the opioid models of reactions to trauma have produced several noteworthy insights. The stress of inescapable shock causes an organism to release endogenous opioids that produce analgesia. After prolonged stress and opioid release, the substances can cause addictive effects in the organism. Once the opioid-release-producing stressor is removed, the animal undergoes opioid withdrawal displaying many of the symptoms commonly associated with trauma survivors and PTSD. These include anxiety, an exaggerated startle response, insomnia, impulsivity, and hyperalertness (Freedy & Donkervoet, 1995). McCann & Pearlman (1990) noted that opioid withdrawal is believed to be associated with intrusive re-experiencing and dissociation in human subjects. The opioid withdrawal model has also been proposed to explain such posttraumatic symptoms as substance abuse, thrill-seeking, and compulsive re-exposure to danger (Freedy & Donkervoet; Shalev et al., 1996).

Numerous other specific neurochemical mechanisms have been suggested to be linked to the development of posttraumatic sequelae. Dopaminergic brain systems may be involved in chronic surrender or learned helplessness, and levels of urinary excretion of dopamine have been correlated with severity of symptoms among PTSD patients (Shalev et al., 1996). Findings of heightened 5HT2 receptor affinity and decreased numbers of blood platelet-binding sites in PTSD patients suggest that seratonergic neurotransmission may be involved in that disorder (Shalev et al.). Finally, other studies of inescapable shock in animals have shown such stress to cause a temporary depletion of the neurotransmitters norepinephrine, epinephrine, and dopamine. This lack of messenger chemicals produced negative symptoms similar to those seen in some human PTSD sufferers such as a restricted range of affect, reduced goal-directed behavior, and social withdrawal (Freedy & Donkervoet).

Memory imprinting models postulate that the "etching" of traumatic memories into a neuronal network contributes to the development of stress-related disorders. This effect

may be specifically attributed to altered structures in the limbic system (particularly the locus coeruleus) which may react to long-term overstimulation with general hyperactivity leading to a conditioned alarm state (Freedy & Donkervoet, 1995). Another memory imprinting approach derived from animal research demonstrates that damage to a thalamocortical neuronal pathway involved in the acquisition of fear conditioning prevented the extinction of such acquired responses. This suggests that emotional memories may, in some cases, be indelibly stored in subcortical areas of the brain (Shalev et al., 1996). Proponents of another version of this model suggest that repeated processing of highly stressful memories gradually reduces the threshold for neuronal transmission of such signals, to the extent of causing an irreversible cycle of repetitive recollections (Shalev et al.).

A final biologically based model suggests that an hereditary predisposition for experiencing anxiety may influence posttraumatic adjustment. Theorists who support this model propose that individuals may inherit an autonomic nervous system characterized by high resting levels of heart rate and blood pressure and elevated reactivity to threatening stimuli. It is suggested that this hereditary vulnerability may combine with intense or prolonged stress to produce debilitating anxiety. This model is still in the early stages of empirical testing and requires further study (Freedy & Donkervoet, 1995).

Biologically based therapies for reactions to traumatic stress have focused primarily on drug treatment regimens. Reported pharmacotherapies for PTSD have involved antidepressants, benzodiazepines, and mood stabilizers. Studies of treatments with antidepressants have shown mixed results. Some researchers have reported antidepressant treatments to lead to improvements in such symptom areas as depression, anxiety, intrusion, avoidance, and insomnia. The most rigorously designed of these studies, however, have failed to show major effects on intrusion or avoidance symptoms. Furthermore, some studies have shown antidepressants to have differential effects for survivors of different forms of trauma (e.g., Vietnam veterans vs. survivors of sexual abuse) (Shalev et al., 1996).

Benzodiazepine treatments have produced only rather modest amelioration of trauma-related symptoms. While these antianxiety drugs may reduce levels of insomnia and anxiety and reports of flashbacks, nightmares, and panic attacks, they seem to have little if any effect on symptoms of intrusion and avoidance. A particularly unfavorable aspect of some benzodiazepine treatments is their potential for causing severe withdrawal symptoms upon discontinuation (Shalev et al., 1996).

Mood stabilizing drugs such as lithium and carbamazepine have also been employed to treat trauma survivors. Studies of these pharmacotherapies suggest that this class of

drugs can be effective at reducing posttraumatic symptoms of irritability and poor impulse control (Shalev et al., 1996).

Overall, research examining pharmacotherapies for survivors of traumatic stress shows numerous methodological shortcomings. Most of the reported studies lack a control group and results have been inconsistent. In some cases the durations of the clinical trials may have been too brief to allow the drugs to take full effect. Generalizability may also be severely limited by researchers' heavy focus on sampling male combat veterans with chronic PTSD. Despite these weaknesses, drug treatments have been shown to provide partial relief for many survivors of severe trauma. The symptom alleviation afforded by appropriate medication may stabilize a severely disturbed client to the point that he or she may constructively participate in further psychotherapeutic interventions (Shalev et al., 1993; Shalev et al., 1996).

Behavioral theories and therapies.

There are currently two main behavioral conceptualizations of victim's reactions to traumatic experiences. These include a two-factor model of classical and operant conditioning and an application of the concept of learned helplessness. Followers of the two-factor theory propose that subjects exposed to a traumatic situation (unconditioned stimulus) react with fear, anxiety, and arousal (unconditioned response). Through classical conditioning, additional, previously neutral, stimuli that were spatially and temporally paired with the traumatic event (conditioned stimuli) come to evoke an intense fear response (conditioned response) very similar to that shown at the time of the original trauma. The second factor at work in this model is operant conditioning. After the initial trauma, the survivor may avoid cues associated with the victimization experience in order to minimize the anxiety and distress aroused by these conditioned stimuli. The avoidance response is negatively reinforced by anxiety reduction. This operant conditioning process serves to prevent the extinction of the classically acquired conditioned response and permits the avoidant behavior to generalize or expand to secondary and tertiary cues (Falsetti & Resnick, 1995; Freedy & Donkervoet, 1995; McCann & Pearlman, 1990; Shalev et al., 1996).

A second behaviorally based approach to posttraumatic reactions involves an application of Seligman's (1975) theory of learned helplessness. Seligman proposed that an organism exposed to uncontrollable unpleasant events (one which learns that behavior and reinforcement are not contingent on each other) may acquire a response pattern he called learned helplessness. This involves reduced motivation, disrupted learning, fear, and depression. It has been suggested that this framework may explain some of the

sequelae of trauma exposure, such as passivity, chronic depression, and a sense of futility (McCann & Pearlman, 1990).

Therapies for trauma survivors derived from behavior theory call for either gradual (systematic desensitization) or massive (flooding) exposure to conditioned stimuli while the subject is in a safe and comfortable environment. These interventions are anticipated to lead to decreased fearful and anxious reacting and eventual extinction of the conditioned response. Another distinction made in behaviorally-based therapies is between imaginal exposure (the client's reliving of the trauma in his or her imagination) and live exposure (where clients physically confront feared situations and objects) (Falsetti & Resnick, 1995; Lovell & Richards, 1995; McCann & Pearlman, 1990; Shalev et al., 1996).

The behavioral models of reactions to traumatic stress account for only some of the most common problems experienced by victims. While this perspective adequately accounts for the development of symptoms of arousal and avoidance, it does not address the etiology and maintenance of commonly observed symptoms of intrusive re-experiencing. The behavioral approach also fails to account for the development of psychological problems among individuals who were not direct victims of trauma, but who became aware of the traumatic experiences of loved ones after the fact (Falsetti & Resnick, 1995; Freedy & Donkervoet, 1995; Shalev et al., 1993). Studies of the efficacies of behavioral therapies for trauma survivors generally show clients attaining significant but only partial improvement. Unfortunately, most of these studies involved few subjects and focused on war veterans, potentially limiting statistical power and generalizability. Particularly troubling are reports that treatments involving flooding and live exposure may actually reactivate and worsen trauma-related symptoms (Lovell & Richards, 1995; McCann & Pearlman, 1990; Shalev et al., 1996).

Cognitive theories and therapies.

Encompassing a wide range of specific theories (such as the information processing, cognitive constructivist [Falsetti & Resnick, 1995], personal construct, cognitive-developmental [McCann et al., 1988], and attributional [American Psychological Association, 1984]), the cognitive orientation has produced more theoretical and empirical literature related to the reactions of trauma survivors than any other psychological school. The vast majority of these theories focus on the concept of the *cognitive schema* (or such closely-related constructs as the "assumptive world," "world model," "theory of reality," or "structures of meaning" [Janoff-Bulman & Frieze, 1983]).

In general terms, a cognitive schema is a conceptual system in which knowledge acquired throughout one's life is represented and that regulates the interpretation and encoding of new information (Shalev et al., 1996). An individual's basic beliefs, assumptions, and expectations about him- or herself and the environment are contained within their cognitive schemas, and it is these foundational (and usually unconscious) schemas that underlie one's goals, planning, and behavior (Janoff-Bulman & Frieze, 1983; McCann et al., 1988; Shalev et al.).

As an individual undergoes new life experiences, these self- and environment-describing inputs are directed to relevant, existing schemas. If an experience generally supports and validates the contents of the schemas in question, then those schemas will be activated and solidified (McCann et al., 1988). Conversely, if an input is discrepant with existing schemas, a conflict develops and arousal (characterized by elevated cognitive processing and emotional activity) increases (McCann et al.). Individuals may attempt to reduce this unpleasant sense of arousal via three main processes. First, they may fail to attend to the discrepant information (by means of either avoidance or rejection). Second, they may modify or reinterpret the input so that it better fits existing schemas (a process known as *assimilation*). Finally, the person may change their existing schemas so that they better match the new inputs (referred to as *accommodation*) (Falsetti & Resnick, 1995; McCann et al.). In a healthy individual's day to day life

> cognitive schemata allow smooth adaptation to changing reality while preserving one's personal perspective and values.... Traumatic events, in contrast, may be followed by a breach in previously held assumptions such that the novelty of the event sharply contrasts with previous schemata and can neither be adapted to nor be assimilated. (Shalev et al., 1996, p. 174)

Cognitive theorists believe that serious trauma calls into question fundamental aspects of one's assumptive world and so destroys the usual stability and equilibrium of the individual's life that he or she is left feeling shattered and unable to function (Bard & Sangrey, 1986; Janoff-Bulman & Frieze, 1983). It is further postulated that disrupted schemas and distorted beliefs and assumptions can account for re-experiencing phenomena and other symptoms typically associated with exposure to trauma.

Horowitz (as cited in Freedy & Donkervoet, 1995; McCann & Pearlman, 1990; McCann et al., 1988) proposed an information processing model which states that information about life experiences will be held in "active memory" until the individual can determine its personal relevance and it can be fully assimilated or accommodated. Active

memory is asserted to intrinsically tend toward repeated representation until its contents have been completely processed. Because very traumatic experiences will directly challenge the victim's usual ways of thinking about self and world, the processing of this information is often difficult and time-consuming. According to this perspective, intrusive, trauma-related thoughts and images alternating with affective numbing and avoidant behaviors represent the individual's attempt to integrate memories of the traumatic experience into a tenable view of self (e.g., competent and worthwhile) and world (e.g., predictable and just) (Freedy & Donkervoet; McCann & Pearlman; McCann et al.).

Cognitive theorists explain the development of numerous other posttraumatic symptoms in terms of maladaptive thoughts, beliefs, and assumptions arising out of specific schemas that have been distorted by overwhelming trauma-related input. While members of the cognitive school differ over which fundamental schemas are most often affected by traumatic experiences, these structures tend to be conceptualized as being highly interrelated; referring to cognitive schemas as discrete units is done more for ease of reference than to indicate the true nature of the constructs involved (Janoff-Bulman & Frieze, 1983). Some of the most commonly identified cognitive schemas include frame of reference (i.e., the meaningfulness of events and of the world), safety, trust, power, esteem, and intimacy (Freedy & Donkervoet, 1995; Janoff-Bulman & Frieze; McCann & Pearlman, 1990; McCann et al., 1988). An individual whose frame of reference schema includes the very common, though usually unstated, belief that bad things only happen to bad people (a "just world hypothesis") will often struggle with issues of self-blame in the aftermath of a victimization (McCann & Pearlman; Miller & Porter, 1983). The need to believe in an ordered, predictable world in which things happen for a reason may drive trauma survivors to ponder the inevitable question: "why me?" (American Psychological Association, 1984; Bard & Sangrey, 1986; Janoff-Bulman & Frieze; McCann & Pearlman). Another individual exposed to trauma may develop (or have aggravated) a negative personal safety schema. This would be associated with such typical posttraumatic symptoms as belief that one is uniquely vulnerable to future harm or loss and that one would be unable to protect oneself from such future victimization, accompanied by fear, anxiety, hypervigilance, and avoidant or phobic behaviors (Janoff-Bulman & Frieze; McCann & Pearlman; McCann et al.; Perloff, 1983). The impact of traumatic experiences upon each of the fundamental schemas listed may give rise to characteristic psychological sequelae. Taken together, dysfunctional schemas can account for the vast majority of commonly reported trauma-related symptoms.

Therapeutic interventions based on cognitive theories generally focus on the exploration and evaluation of inadequate schemas, followed by the gradual challenging and

modification of such structures. The cognitive therapist's goal is to build or activate adaptive schemas that are believed to produce positive physiological, behavioral, and affective change (Lovell & Richards, 1995; McCann et al., 1988; Shalev et al., 1996).

Studies of the effectiveness of cognitive treatments for trauma survivors demonstrate that these techniques usually produce significant improvements in such areas as depression, distress, re-experiencing, and avoidance, both in the short-term and (when examined) at follow-up (Lovell & Richards, 1995; Shalev et al., 1996). While these reports are encouraging, they must be interpreted in light of some important drawbacks. First, the number of controlled studies carried out to date has been quite small (Shalev et al. found only three as of 1996). Secondly, most of the existing research has focused on therapy with survivors of sexual assaults. Whether or not the results obtained in those studies would generalize to other victim populations has yet to be established (Shalev et al.). Finally, McCann and Pearlman (1990) point out an important (and sometimes overlooked) consideration in the conduct of cognitively oriented posttraumatic therapy. They note that the adaptive, defensive value of what is generally considered to be a disturbed schema must be viewed in light of the client's particular social and cultural milieu. While "disturbed" trust and safety schemas may contribute to hypervigilance and interpersonal problems, they may also help to ensure the physical security of an individual who inhabits an objectively dangerous environment.

Psychodynamic theories and therapies.

The psychodynamic approach to posttraumatic reactions has been multifaceted and complex (McCann & Pearlman, 1990; Shalev et al., 1996). The diversity of generally psychodynamic formulations of reactions to trauma and victimization can be divided into two main categories. These include the conceptualization of trauma as leading to potentially long-term damage to the psychic apparatus and the idea that trauma-related symptoms arise from incomplete processing of the traumatic experience (Shalev et al.).

The first of the psychodynamic approaches grew out of Freud's attempt to explain the traumatic dreams and other symptoms of World War I veterans (McCann & Pearlman, 1990; Shalev et al., 1996). Referring to the syndrome as "traumatic neurosis," Freud postulated that war trauma caused a breach in the "stimulus barrier," a hypothetical protective mechanism that prevents mental excitation or stimulation from reaching excessive levels (Rothstein, 1986; Shalev et al.). Because of this trauma-induced damage, the operational rules of mental functioning shift away from their normal homeostasis-based dynamic. The traumatized psyche falls under the control of the more "primitive" and "biological" rules of the "repetition compulsion" (Shalev et al.). Under this altered and

dysfunctional set of rules, the individual alternates between repetition phenomena (involving remembering or re-experiencing the trauma in an effort to master it) and such defensive processes as repression, avoidance, and regression (Furst, 1986; McCann & Pearlman).

The other main psychodynamic conceptualization of traumatic stress is related to ideas of loss, mourning, and grief (Shalev et al., 1996). This approach emphasizes the commonalties (e.g., symptoms of avoidance and intrusion) observed among both trauma survivors and individuals in the early stages of a normal grief reaction. Adherents to this viewpoint believe that posttraumatic symptoms can be alleviated if the individual is able to "work through" the traumatic experience and incorporate it into their character structure in an adaptive fashion (Furst, 1986; Shalev et al.).

Psychodynamic psychotherapy for trauma survivors has much in common regardless of which of the preceding perspectives is preferred. In either case, the psychotherapist focuses on what the traumatic event and any associated symptoms mean to the client. "The analytic psychotherapist hopes that insight regarding the meaning of symptoms, both conscious and unconscious, can help the patient master inner experiences and repair and restore the integrity of life" (Shalev et al., 1996, p. 175). Those therapists who emphasize the concept of trauma-induced damage to the psychic apparatus would tend to utilize a more participative, ego-supportive approach to therapy (Shalev et al., 1996). Conversely, those who prefer the model of unresolved mental processing would make use of more traditional psychodynamic methods, including clarification, reconstruction (Shalev et al., 1993), and interpretation (Lansky, 1995).

Research into the efficacy of psychodynamic therapies for trauma survivors has shown moderate to strong rates of improvement among clients treated with these techniques (Shalev et al., 1996). Unfortunately, most of these studies have involved very few subjects and they have tended to focus on war veteran samples to the exclusion of other groups (Shalev et al.). Some particular problems that Shalev et al. (1993, 1996) indicate may arise in the course of psychodynamic therapy include difficulty establishing a therapeutic alliance and impeded progress with exploratory techniques due to clients' states of anxiety, panic, or dissociation upon reactivation of traumatic memories.

Humanistic-existential theories and therapies.

Adherents to the humanistic-existential psychological perspective have, since World War II, dedicated much of their efforts to the understanding and treatment of the effects of trauma (Lantz, 1996). In general, this approach "focuses on men and women as people who are empowered to act on the world and to determine their own destiny....At the same

time, the humanistic aspect of this tradition focuses on *people-in-relationship* to one another" (Ivey, Ivey, & Simek-Morgan, 1993, p. 285). A humanistic-existential counsellor strives to help the client to clarify their own construction of what it means to "be in the world," to know him or herself, and to take responsibility for his or her own choices and actions (Ivey et al.).

One of the most prominent humanistic-existential writers and one whose particular therapeutic approach may be especially well suited to the treatment of personally and culturally oppressed people (Ivey et al., 1993) as well as survivors of trauma, crisis, and terror (Lantz, 1996) is Victor E. Frankl. Frankl's insights into trauma and suffering were derived largely from his own horrific experiences as a prisoner in four different Nazi death camps during the Second World War (Frankl, 1959). Frankl named his therapeutic approach "logotherapy," denoting literally "meaning-therapy." His emphasis was on "the meaning of human existence as well as on man's search for such a meaning" (Frankl, p. 121). Once a client has discovered meaning and purpose in life, the logotherapist assists him or her to go beyond introspective reflection and to positively act on and express the meanings uncovered (Ivey et al.).

Logotherapists propose that any disruption in an individual's capacity to discover, actualize, and honor the meanings in their life will lead to an "existential" or "meaning vacuum" (Frankl, 1959; Lantz, 1996). If this vacuum is not filled by a true sense of purpose and meaning in life, it will inevitably be filled by some form of psychological difficulty or symptom such as depression, despair, anxiety, substance abuse, blunted affect, or interpersonal problems (Frankl; Lantz). Followers of Frankl's approach note that memories of traumatic experiences are often repressed to protect the person from the pain of terror. Unfortunately, this process prevents the individual from gaining access to the potential meanings that are always embedded in such an experience. From the logotherapeutic point of view, intrusive re-experiencing phenomena can be understood as the traumatized person's effort to discover the potential life-meanings embedded in the repressed trauma memories (Lantz). The logotherapeutic approach calls for the counsellor to help the client gradually access, confront, and evaluate their traumatic memories (Lantz). This is followed by the use of such specific techniques as family and social network intervention, social skills training (Lantz), and modification of attitudes (Ivey et al., 1993) to enable the client to draw meaning out of their trauma and to actualize and honor that meaning in day-to-day life (Frankl; Lantz). The logotherapists assert that the most effective and therapeutic way for a person to make use of the meanings found in a traumatic experience is through "self-transcendent giving to the world" (Lantz). This specific type of meaning actualization involves service to people and causes "in a way that is healing to

others who have experienced similar traumas or that [helps] prevent such traumas from occurring...in the future" (Lantz, p. 244). Such a transformation of trauma into self-transcendent giving (as Frankl accomplished with his death camp experiences) further transforms "survivor guilt" into "survivor responsibility" (Lantz, p. 251) or a "survivor mission" (Shalev et al., 1993, p. 175).

While some studies suggest, as the humanistic-existential model predicts, that severe trauma experiences commonly produce long-lasting changes in values, attitudes, and outlook (Gorst-Unsworth, VanVelsen, & Turner, 1993), little if any controlled research examining the effectiveness of purely humanistic-existential approaches to posttraumatic therapy has been done. The anecdotal and case study reports that are available suggest that logotherapy and related methods can be highly effective in short- or long-term treatment settings (Lantz, 1996) and that they are especially beneficial if combined with other, more symptom-focused, therapeutic traditions (Shalev et al., 1993).

Overall, humanistic-existential therapy has been criticized for its verbosity; its perceived focus on well-educated, middle- and upper-class clients; and its culturally-limited emphasis on individualism and free choice (Ivey et al., 1993). Despite these shortcomings, logotherapy may be particularly useful for culturally diverse groups because of its origins in and attention to situations of discrimination and oppression (Ivey et al.).

Summary of theories and therapies addressing posttraumatic reactions.

As this review demonstrates, followers of every major psychological and psychotherapeutic school of thought have attempted to understand and treat the sequelae associated with exposure to trauma and victimization. While the majority of the controlled studies of treatments of trauma survivors have been limited to individuals with full-fledged Posttraumatic Stress Disorder, some tentative conclusions can be drawn regarding recovery from traumatic stress in general.

The research data show, first, that most studies revealed a significant alleviation of client suffering, regardless of the theoretical perspective of the therapists involved. The treatments' effect sizes were often modest (especially for clients with full PTSD) and more success was noted treating symptoms of depression, anxiety, and detachment than avoidance or intrusion (Shalev et al., 1996). Second, the sooner after trauma exposure most treatments were initiated, the more likely they were to be maximally effective (American Psychological Association, 1984; Armsworth & Holaday, 1993; Shalev et al., 1996). Some authors have gone so far as to assert that certain symptoms may become

indelible, and thereby inaccessible to any treatment modality, after enough time has passed (Shalev et al., 1996). Finally, some research suggests that combinations of pharmaco- and psychotherapies (Shalev et al., 1996) or of different psychotherapeutic approaches matched to the client's particular symptoms and their inferred sources (Shalev et al., 1993, 1996) can result in synergistic effects and much improved client outcomes.

Having now considered the literature relating to the general psychological impact of experiences of traumatic stress, it is essential to give attention to those works that focus on the specific effects of homophobic violence and verbal abuse.

Literature Regarding the Psychological Impact of Anti-Gay Violence and Verbal Abuse

The victimization of a lesbian or gay man specifically because of that person's sexual orientation constitutes a form of aggression with unique characteristics. These acts are distinguished by more than the sexual orientations of their targets. Homophobic abuse is distinctive in terms of the nature of the abusive acts, themselves; the psychological effects of that violence or verbal abuse on its victims and the factors which interact with and modify those psychological effects; and the therapeutic interventions believed to be most effective at helping survivors of such victimization to cope with and overcome its impact. The following sections elaborate on each of these distinctive characteristics of anti-gay violence and verbal abuse.

The Nature of Anti-Gay Violence and Verbal Abuse

One of the more apparent and acknowledged aspects of homophobic violence is its physical severity. In their study of cases of homicide involving gay male victims, Miller and Humphreys (1992) noted that "seldom is a homosexual victim simply shot. He is more apt to be stabbed a dozen or more times, mutilated, *and* strangled" (p. 431). The director of Victim Services at New York City's Bellevue Hospital (as cited in Berrill, 1992) observed that "attacks against gay men were the most heinous and brutal I encountered. They frequently involved torture, cutting, mutilation, and beating, and showed the absolute intent to rub out the human being because of his [sexual] preference" (p. 25). In his analysis of recent hate crime statistics, Roberts (1995) asserts that the available data support the conclusion that anti-gay hate crimes "are more likely to involve violence, or the threat of violence, than hate crimes directed at other groups" (p. 33). He further states that "crimes of violence directed at gays and lesbians involve a greater degree of injury than the average assault" (p. 32).

The Differential Psychological Impact of Anti-Gay Violence and Verbal Abuse

Subjected to frequent and extreme abuse that targets an aspect of the individual with great personal and social significance (one's sexuality), it is perhaps not surprising that lesbian and gay survivors of homophobic victimization display more varied and severe psychological sequelae than do most hate crime survivors. It must be borne in mind, however, that the vast majority of existing research indicates that gays and lesbians in general show no more psychological impairment or distress than do heterosexuals (Bell & Weinberg, 1978; Garnets et al., 1990; Meyer, 1995). The literature "clearly demonstrates that gay people as a group do not have disproportionate general psychopathology, especially when we discount problems that are reactive to membership in a sometimes persecuted and despised minority" (Carson & Butcher, 1992, p. 376).

It is well established that victims of anti-gay violence and verbal abuse experience nearly all of the symptoms commonly reported by trauma survivors in general. Of the many affective, cognitive, physiological, behavioral, and interpersonal reactions to abuse discussed in earlier sections of this thesis, investigators have noted that survivors of homophobic abuse report such typical and familiar symptoms as depression, withdrawal, anxiety, fear, anger, nightmares, agitation, increased drug use, somatic complaints, and deteriorating personal relationships (Ehrlich, 1990; Garnets, et al., 1990; Potter, 1987; Stein, 1996; Stermac & Sheridan, 1993).

Even beyond these significant, often debilitating typical sequelae, survivors of homophobic violence and verbal abuse have been reported to display reactions which are qualitatively different from, and often more severe than, those exhibited by most other trauma survivors. Gay-specific hate crime sequelae have been reported to include the following: experiencing one's sexuality as a source of punishment and pain, rather than love, intimacy, and community (Garnets et al., 1990); isolation from and rejection of other gays and lesbians and the gay community; self-hatred (Garnets et al., 1990; Stermac & Sheridan; Wertheimer, 1990); and anxiety about and foreclosure or regression in the process of sexual identity development and coming out (which will be elaborated upon in a later section) (Garnets et al., 1990; Stermac & Sheridan).

Several studies have focused specifically on the psychological impact that hate crimes have on lesbian and gay male youths. While reports suggest that from 20% to 42% of lesbian, gay male, and bisexual youth have attempted suicide (and that they are two to three times more likely than heterosexual youths to actually kill themselves) (Bagley & Tremblay, 1997; Hershberger & D'Augelli, 1995; Savin-Williams, 1994), researchers

disagree over whether hate crime victimization increases this already extreme level of suicidality (Hershberger and D'Augelli and Hunter [1990] suggest that it does, while Remafedi, Farrow, and Deisher [1990] assert that it does not). Other outcomes that have correlated positively with the homophobic physical and verbal abuse of gay and lesbian youth are poor school performance, truancy, and dropping out; running away and homelessness; histories of arrest and incarceration; substance abuse; and prostitution (Hunter; Savin-Williams).

Some aspects of the differential psychological impact of homophobic abuse may be attributable to gays and lesbians' status as members of a stigmatized minority group. These factors would presumably also operate among individuals targeted for victimization because of their sex, ethnicity, religion, or other such often devalued personal characteristics. Other variables that may aggravate the mental health effects of anti-gay violence and verbal abuse are unique to lesbians and gay men.

Factors potentially related to the increased psychological impact of all hate crimes.

Those factors that seem to increase the mental health effects of hate crimes for members of all stigmatized groups are of three general types. These are the identity-based motivation of these acts (attacking someone because of who he or she is), hate crime's nature as an attack upon an entire community, and the effects of secondary victimization.

As described earlier, all instances of violence and traumatic stress have the potential to trigger any of a wide array of psychological sequelae. Evidence further suggests that attacks motivated by a prejudicial desire to harm those perceived as representatives of a particular social group (acts of "ethnoviolence" [Ehrlich, 1990, p. 361]) tend to produce more severe traumatization than do other forms of victimization (Roberts, 1995; Samis, 1995). Research by Ehrlich indicated that "victims of ethnoviolence report an average of almost two and one-half times more [behavioral and psychological] symptoms than do victims of other kinds of violence" (p. 364). While this measure encompasses all standard indicators of psychophysiological stress, the particular reactions most commonly associated with ethnoviolence include "social withdrawal [and] depression...(Ehrlich, 1990, p. 364), as well as debilitating feelings of self-degradation and lower self-esteem (Stermac & Sheridan, 1993; Peters, 1991; Garnets, 1990)" (Samis, 1995, p. 22). The vast majority of commentators on the phenomenon of ethnoviolence attribute its heightened potential for traumatization to the act's specific targeting of the victim's identity and minority group membership. Garafolo and Martin (1991) note that "the characteristics that elicit the

victimizations (e.g., race, ethnicity, religion) are often important elements in the victim's own sense of identity, thus presenting the bias crime victim with additional factors that can create feelings of anger and vulnerability" (p. 18; as cited in Roberts, 1995, p. 3).

Very closely related to the ideas of ethnoviolence and the denigration of the group membership aspect of a victim's identity is the hate crime's significance as an attack upon an entire community or sub-culture. Anti-gay violence and verbal abuse, in combination with all other expressions of homophobia and heterosexism, give rise to an oppressive climate of hostility and degradation of which all lesbians and gay men are constantly aware (D'Augelli, 1992; Herek, 1989; Roberts, 1995; Stermac & Sheridan, 1993). Garnets et al. (1990) asserted that threats of violence constitute a type of "symbolic violence," a reminder to gays and lesbians of their continuous vulnerability and a reaffirmation of the recipient's "sense of being an outsider in...society, a member of a disliked and devalued minority, and a socially acceptable target for violence" (p. 373).

One of the most well documented effects of hate crimes upon both individual victims and other members of the target group is the elicitation of the fear of future victimization (Anderson, 1982; Garnets et al., 1990; Potter, 1987; Stermac & Sheridan, 1993). Berrill (1992), D'Augelli (1992), and Samis (1995) reported survey results indicating that from 62% to 84% of gays and lesbians feared for their personal safety because of the threat of future victimization. Many of their respondents had made conscious changes to their behavior in order to minimize the likelihood of harassment and violence. Such changes generally included active attempts to conceal one's sexual orientation from others and avoidance of people and locations perceived to be homosexually identified (D'Augelli; Garnets et al., 1990). Herek (1990) noted that by driving lesbians and gay men to hide their sexualities "anti-gay violence functions to perpetuate [societal] heterosexism as well as express it" (p. 330). As will be discussed later, a gay or lesbian person's level of community involvement and openness about his or her sexual orientation exert their own important influences on the mental health effects of an individual's experience of homophobic violence or verbal abuse.

A final aspect of all forms of hate crime that may contribute to their increased potential to traumatize is the survivor's likelihood of being exposed to *secondary victimization*. While the term *primary victimization* denotes the actual hate crime experience, secondary victimization refers to subsequent "indifference, rejection, or stigmatization from family, friends, community agencies, and society in general" (Berrill & Herek, 1992, p. 289). This "second injury" can produce feelings of humiliation, shame, guilt, and self-blame and can lead to the isolation of victims from their existing social

support networks (American Psychological Association, 1984; Bard & Sangrey, 1986; Ehrlich, 1990).

In the specific context of anti-gay hate crimes, secondary victimization can take four different forms. First, for those gays and lesbians still early in the coming out process, victimization can lead to the involuntary public exposure of one's sexual orientation. Because of the continuing prevalence of homophobic attitudes, such unplanned "outing" carries the risk of "loss of employment, eviction from housing, denial of public accommodation, and loss of child custody" (Berrill & Herek, 1992, p. 289).

A second common locus for secondary victimization is in gay and lesbian hate crime survivors' dealings with the police. Comstock (1991) catalogued an extensive list of incidents involving police officers' failure to act to protect gay and lesbian victims of violence or to apprehend their attackers; minimization of the seriousness of reported anti-gay incidents; blaming and abuse of victims; and actual, independent perpetration of anti-gay hate crimes. Other documented problems related to lesbians' and gay men's dealings with police officers include widespread reports of entrapment, blackmail, harassment, and assault (Berrill, 1992; Harry, 1990; Herek, 1989; Miller & Humphreys, 1992; Samis, 1995). In one study of gay and lesbian hate crime survivors from across the United States who reported their victimization to the police

> 51% found the police courteous; 67% said that they were indifferent; 23% said that the police were hostile; and 5% said that they were abusive. Nineteen percent reported that the police handled their complaint in a competent manner [percentages total more than 100 because of reporting of multiple incidents and cases of multiple responses from the police]. (Comstock, 1989, p. 104)

In a 1987 survey of gay and lesbian victims of violence in the Boston, U.S. area, Potter (1987) found that 46% of those who reported to the police were treated in a positive way, while 17% were received with indifference, and 21% were treated negatively.

A third notable venue for the secondary victimization of lesbian and gay hate crime survivors is in the legal-judicial system. The sometimes homophobic attitudes of criminal justice officials are amply demonstrated by judges and lawyers recorded publicly referring to lesbian and gay crime victims as "queers," "sick people," "flaming queens," "volunteers for AIDS," and "homo" (Berrill & Herek, 1992, pp. 294-295). Secondary victimization in the courtroom also occurs when a gay victim is accused of having provoked or invited an attack. The so-called "homosexual panic defense"

> alleges that [a] defendant's violent actions were committed in self-defense against the victim's unwelcome and aggressive sexual overtures or were part of an acute psychological panic resulting from those overtures (Berrill, 1986; Chuang & Addington, 1988; Gonsiorek, 1982). In shifting responsibility from the perpetrator to the victim, the homosexual panic defense appeals strongly to the cultural stereotype of gay people as sexually predatory.... Further, it is based on the assumption that [violence] is an appropriate response to a sexual advance by one man to another. (Berrill & Herek, p. 295)

Samis (1995) cites the 1994 case of a Vancouver gay man who, in his own home, was stabbed more than 60 times, mutilated, and murdered after propositioning a man who had accompanied him there. The assailant's successful use of the homosexual panic defense resulted in his charge being reduced to manslaughter, and he was sentenced to less than three years imprisonment. More generally, Roberts (1995) notes that while an average of one conviction is recorded for every 20 crimes committed in Canada, of 104 reports made to a Toronto "Gay and Lesbian Bashing Hotline" and to the police, only 2 ever resulted in a criminal conviction.

A final situation that may be associated with the secondary victimization of gay and lesbian hate crime survivors is the psychotherapeutic consultation. Many clients who have turned to a professional counsellor for assistance in coping with the psychological aftermath of anti-gay violence or verbal abuse have been confronted with overt or covert heterosexism or homophobia on the part of their therapist (Stermac & Sheridan, 1993). Garnets et al.'s 1991 survey of members of the American Psychological Association revealed that 58% of practitioners knew of instances of biased, inadequate, or inappropriate practices related to lesbian and gay clients. These problems occurred in such areas as assessment and treatment, knowledge about homosexual culture and identity, and sensitivity to family and relationship issues. The authors identified "a clear need for further education to provide accurate information and to train psychologists to be sensitive to bias based on sexual orientation" (Garnets et al., 1990, p. 970). As Stermac and Sheridan point out, the difficulties faced by a hate crime survivor can be compounded by contact with a biased or uninformed counsellor.

With many serious aspects of secondary victimization to be considered, it appears that gays and lesbians, more than any other hate crime survivors, choose not to report their experiences to the police (Roberts, 1995; Samis, 1995). Surveys of victims of anti-gay

violence reveal the following rates of non-reporting: 91% (Minneapolis) (Anderson, 1982), 73% (U.S. national sample) (Comstock, 1989), 86-87% (New York) (Dean et al., 1992), and 75% (Boston) (Potter, 1987). These results stand in contrast to the 51% overall American non-reporting rate for violent crimes (Samis). The lesbian and gay survivors of homophobic violence surveyed by Comstock (1989) gave the following reasons for not reporting to the police: 67% perceived the police as anti-gay, 40% feared public disclosure of their sexual orientation, and 14% feared direct abuse from the police (percentages exceed 100 because of multiple responding).

Factors potentially related to the increased psychological impact of anti-gay hate crimes, specifically.

While the preceding factors can contribute to the severity of the psychological sequelae experienced by all victims of hate crime, the factors to be considered next are uniquely applicable to gay and lesbian survivors of homophobic abuse. Although it has been argued that each of the following variables exerts a constant, independent influence on the psychological adjustment of all lesbians and gay men, many authors have referred to their special relevance in the aftermath of anti-gay hate crimes. These variables may interact with, modifying and being modified by, the psychological impact of the experience of victimization. This group of interrelated factors of particular relevance to lesbian and gay hate crime survivors includes "outness," or the degree to which one has chosen to disclose one's sexual orientation to others; involvement in the gay community; and internalized homophobia. Each of these three is also an important aspect of the process of gay and lesbian identity development, a more complex theoretical construct with its own significance in the context of homophobic violence or verbal abuse.

The first factor, disclosure of sexual orientation (or outness) relates to an aspect of gay and lesbian life with great personal significance. D'Augelli's (1992) survey of lesbian and gay male college students found that 34% of respondents considered disclosure of their sexual orientation very important, 64% said it was somewhat or fairly important, and only 2% indicated that it was not at all important. Outness is relevant to both the likelihood of experiencing homophobic violence or verbal abuse and to a survivor's psychological adjustment. As Cain (1991) noted, coming out is a lifelong process and all homosexuals are overt in some social circumstances and covert in others. As used here, outness refers to an individual's overall degree of self-disclosure across all interactions. The term is not meant to imply that any lesbian or gay man is completely covert or overt all of the time.

The majority of research regarding disclosure of sexual orientation focuses on the relationship between outness and vulnerability to anti-gay violence. Most of the available data suggest that disclosure tends to be associated with an increased likelihood of victimization. Harry (as cited in Harry, 1990) found that "31% of gay males who agreed or strongly agreed that 'It is important to me to 'be out' to straight people I know' had experienced gay-bashings versus 21% of other respondents" (p. 356). Comstock (1991) discovered a strong positive correlation between outness and experiences of anti-gay violence in the workplace. In that study 43% of respondents who were "open to everyone" had been victimized, compared to only 21% of those who were "open to no one" (p. 53). Finally, Herek (1990) and Rhoads (1995) reported anecdotal observations of a linkage between disclosure and anti-gay violence.

Contradicting these findings is a single report by Miller and Humphreys (1980). They asserted that disclosure of sexual orientation by gay men "appears to *decrease* their vulnerability to violent crime" (p. 434).

The discrepancy between Miller and Humphreys' findings and those of Comstock and Harry may be due to methodological problems. While Comstock and Harry utilized standardized survey formats, Miller and Humphreys derived qualitative data from media accounts of anti-gay murders and apparently completely non-standardized interviews with gay fathers and men pursuing impersonal sexual encounters in public restrooms. Miller and Humphreys' mixed and often vaguely described methodology render their work difficult to replicate or generalize.

An important fact brought out by Miller and Humphreys' (1980) work is that, regardless of which group experiences more victimization, both covert and overt gay men are vulnerable to homophobic abuse. While coming out may involve "subjecting oneself to discrimination and harassment" (Rhoads, 1995, p. 67), even extremely covert "homosexual marginals" face very real dangers if involved in "cruising" for anonymous sex in unsafe circumstances (Miller & Humphreys).

Another aspect of outness addressed in the literature is its reputed association with the mental health of lesbians and gay men. Most researchers have found self-disclosure to be positively correlated with such traits as self-acceptance and self-esteem (Coleman, 1982a). Maylon (1982) argued that it is only after a gay person comes out that "the maturation of intimate capacities can proceed, less impeded by developmental fixation and psychological inhibition" (p. 61). Hammersmith and Weinberg (1973) found commitment to a positive gay identity to be associated with healthy psychological adjustment, and Dank (as cited in Coleman, 1982a) reported that feelings of guilt and loneliness and perceived need for psychological or psychiatric help decreased with subjects' length of time with a

gay identity. Further, while some authors caution against pathologizing covertness (e.g., Cain, 1991), others contend that concealment of sexual orientation is inevitably destructive. Fischer (1972) asserted that

> every time a homosexual denies the validity of his feelings or restrains himself from expressing, he does a small hurt to himself. He turns his energies inward and suppresses his own vitality. The effect may be scarcely noticeable: joy may be a little less keen, happiness slightly subdued, he may simply feel a little run down, a little less tall. Over the years, these tiny denials have a cumulative effect. (p. 249)

It is important to note that self-disclosure is not invariably a positive experience. Rhoads (1995) reported that although most of his subjects described their coming out experiences as "'a great relief' that was 'freeing,' 'empowering,' and 'challenging,'" (p. 70), some received very negative reactions from their confidantes and had to deal with a loss of social supports and renewed feelings of self-loathing. Coleman (1982a) affirmed that "rejection...can be powerfully negative...[and] can cause further damage to the self-concept" (p. 473).

In the specific context of an experience of anti-gay violence, a victim's degree of outness can have additional significance. Potter (1987) found that 7% of survivors of anti-gay attacks said they were less likely to reveal their sexual orientation to others after the victimization experience. Stermac and Sheridan (1993) and D'Augelli (1992) reported similar reactions, suggesting that homophobic violence may lead to a reversion to a covert lifestyle and its potential for impaired adjustment. Stermac and Sheridan argued that

> those who have already come out may have developed an intact sense of identity as a gay or lesbian person, have developed adequate coping and adaptive skills, have had positive experiences associated with being gay, and have nurtured supportive social and community networks. Those who are in the early stages of coming out, or who are closeted, may experience the victimization without the requisite resilience and support. (pp. 36-37)

They also identified several disclosure-related issues that may become central to posttraumatic counselling with hate crime survivors. These include heightened fear and anxiety surrounding "double disclosure," or disclosure of both sexual orientation and of having been victimized because of it; re-emergence of old conflicts and concerns

surrounding coming out and societal heterosexism and homophobia; and inability to separate coming out and identity issues from the victimization experience itself.

Closely related to disclosure of sexual orientation is a second factor: involvement in or affiliation with the gay community. This construct signifies any or all of contact with gay people and the gay sub-culture, frequenting gay and lesbian establishments, and involvement with gay and lesbian groups or gay rights activities. As was the case with outness, lesbian and gay community involvement has been suggested to be relevant to both the probability of experiencing anti-gay violence and to the psychological impact of any such experiences.

The literature regarding gay and lesbian community involvement and rates of homophobic violence is rather limited, but existing research suggests a positive correlation between the two variables. Harry (as cited in Harry, 1990) found a significantly higher rate of anti-gay violence among gays with mostly gay friends. Samis (1995) identified a similar relationship between active involvement in gay and lesbian issues and patronage of gay and lesbian establishments on one side and exposure to homophobic violence on the other (although this held true only for gay and bisexual men and not for lesbians and bisexual women).

Despite community involvement's apparent correlation with the physical vulnerability of lesbians and gay men, several authors contend that affiliation into the gay sub-culture is associated with better overall mental health and more effective coping in the aftermath of anti-gay hate crimes. In general, community affiliation is thought to provide gays and lesbians with essential opportunities for personal and social development. It contributes

> - a ready-made support group which understands and shares the individual's concerns
> - opportunity to meet a partner
> - access to positive gay and lesbian role models
> - opportunities to practice feeling more at ease as a lesbian or gay man.
>
> (Berzon, 1988, pp. 51-52)

In proposing his sociological theory of homosexual identity formation, Troiden (1989) stated that personally meaningful contacts with other gays and lesbians help previously isolated individuals to develop a sense of belonging and to overcome feelings of alienation and solitude. Affiliation with the gay community allows neophytes to learn stigma management strategies, perspectives that neutralize guilt feelings and legitimate

homosexuality, which roles and identities are available in the sub-culture, and norms governing interpersonal conduct (Troiden, 1989).

Research into the mental health correlates of involvement with the gay community lends some support to Berzon (1988) and Troiden's (1989) conceptualizations of group affiliation as growth-promoting and psychologically protective. Jacobs and Telford (as cited in Romance, 1988) found that levels of self-esteem were significantly higher among gay men who actively participated in the gay community than among those who did not. Some studies were focused on the link between levels of community involvement and levels of internalized homophobia. These efforts produced contradictory results. While Nungesser (1983) found a strong positive correlation between homophile involvement and the abandonment of homophobic attitudes, Romance reported positive covariation between internalized homophobia and involvement in gay rights activities. Romance hypothesized that his results might reflect distressed men with high levels of internalized homophobia attempting to address both social prejudice and inner turmoil through group activism.

Before continuing, it should be noted that while affiliation with the gay community may generally be associated with positive adjustment, experiences of anti-gay violence may contribute to the abandonment of these affirming sub-cultural links. Stermac and Sheridan (1993) asserted that survivors of homophobic violence sometimes direct their rage at the gay community and that posttraumatic withdrawal from community contacts is not uncommon. Potter (1987) found that, among victims of anti-gay violence, 18% spent less time at meetings of gay and lesbian organizations and 23% reduced their patronage of gay and lesbian bars and nightclubs. Interestingly, Potter's overall results suggest that victimization tended to cause significant life changes only among individuals with marginal social support and community involvement prior to an attack. It may be that, once well-established, one's sense of community membership will often be able to withstand the isolating effects of hate crime.

A third factor that may contribute to the differential impact of anti-gay violence and verbal abuse is internalized homophobia. As previously defined, internalized homophobia refers to homophobic attitudes, beliefs, and feelings instilled into gays and lesbians, themselves, by constant exposure to the currently pervasive societal denigration of homosexuality. It has been theorized that these internalized antihomosexual attitudes exert a powerful influence over identity formation; self-esteem; patterns of cognition; psychological integrity; vulnerability to depression, guilt, and self-punitiveness; and capacity for mature intimacy (Maylon, 1982). The empirical literature in this area includes studies of a fairly wide array of indicators of mental health that have been hypothesized to be correlated with the construct of internalized homophobia.

Most of the existing research has examined the mental health correlates of internalized homophobia in the general gay and lesbian population, without specific reference to experiences of homophobic abuse. The results of these studies have been unequivocal: lesbians and gay men with internalized homophobic attitudes, beliefs, and feelings display significantly elevated levels of psychological distress and other measures of impaired functioning and adjustment. Alexander (1987) found levels of internalized homophobia to be positively correlated with depression and low self-esteem. Walters and Simoni (1993) also determined that subjects with "preencounter attitudes" (their term for gays and lesbians who devalue gayness and idealize heterosexuality) showed significantly reduced levels of self-esteem. Meyer (1995) found internalized homophobia to be significantly and positively correlated with five measures of psychological distress: demoralization, guilt, suicidality, AIDS-related stress, and sexual problems. Finally, Romance (1988) noted that gay male couples with low levels of internalized homophobia reported significantly higher ratings of relationship satisfaction.

Another group of authors have addressed internalized homophobia in the particular context of the experience of anti-gay violence or verbal abuse. Herek (1989), Wertheimer (1990), and Stermac and Sheridan (1993) observe that survivors of homophobic violence commonly show evidence of increased anti-gay thoughts and feelings. They assert that these are most often manifested via guilt, self-loathing, self-blame, and a sense of having been justifiably punished for being lesbian or gay. Hershberger and D'Augelli's (1995) study of the impact of victimization on lesbian, gay, and bisexual youths showed mental health problems to be positively correlated with experiences of homophobic victimization and negatively correlated with "self-acceptance." In reference to this latter variable, they concluded that "a general sense of personal worth, coupled with a positive view of their sexual orientation, appears to be critical for the youths' mental health" (p. 72). Lastly, in his previously cited research, Meyer (1995) found a significant interaction between internalized homophobia and experiences of anti-gay violence and discrimination in these variables' relationships with subjects' psychological distress. Meyer suggested that "experiencing events of discrimination or violence is more painful when one agrees with the homophobic attitudes conveyed by the victimization event. By stigmatizing their own condition, it seems, such gay men 'join their aggressors' and suffer further pain..." (pp. 50-51).

The methodological limitations of this research literature (and those of studies of disclosure of sexual orientation and community involvement) must also be considered. First, nearly all of the studies referred to in this section have been correlational in nature. Therefore, while the constructs dealt with may have been shown to be significantly

covariant, no inferences of causality may be drawn (Borg & Gall, 1989). Also, as with nearly all research involving lesbians and gay men, the samples used were primarily self-selecting. Since it is impossible to know exactly how representative the contacted subjects were of the overall gay and lesbian population, much of which remains inaccessible for observation, one cannot be certain of the generalizability of the results obtained (Alexander, 1987; Hershberger & D'Augelli, 1995). Bearing these shortcomings in mind, the available evidence still convincingly points out significant positive correlations between both disclosure of sexual orientation and involvement with the gay and lesbian community and superior psychological adjustment and between internalized homophobia and impaired adjustment. There is also some data suggesting that experiences of anti-gay victimization may (at least in some cases) be associated with decreased levels of disclosure and community involvement and increased levels of internalized homophobia.

Encompassing and integrating each of the three preceding factors is the broader and more complex construct of gay and lesbian identity development. Also referred to as homosexual identity formation, sexual identity development, identity acquisition, resocialization (Cass, 1984), and the coming-out process (Coleman, 1982a), several authors have advanced theoretical models that attempt to describe and explain the process through which individuals come to conceive of themselves as "a homosexual." Nearly all of the 12 or more published models propose a number of developmental stages or phases (generally from three to six) distinguished by changes, growth points, or milestones central to the process of identity development (Cass, 1984; Troiden, 1989). Progress through these stages is typically characterized by

> firstly, increasing acceptance of the label *homosexual* as descriptive of self; secondly, development of a positive attitude towards this self-identity; thirdly, a growing desire to disclose the existence of this identity to both homosexuals and nonhomosexuals; and fourthly, increasingly more personalized and frequent social contacts with homosexuals. (Cass, 1984, p. 146)

Generally, the stages of each model involve the resolution of conflicts and developmental tasks, and most authors outline several of the approaches or strategies most commonly employed by individuals at each phase. A person who successfully employs positive, inquisitive, and self-accepting strategies is believed to move from an initial stage of identity confusion (Cass, 1979), sensitization (Troiden, 1979), or pre-coming out (Coleman, 1982a) through all the steps of the process to a final stage of identity synthesis (Cass, 1979), commitment (Troiden, 1979), or integration (Coleman, 1982a). At this point, most

authors describe the lesbian or gay individual as exhibiting some or all of the following characteristics: homosexual attractions, behaviors, and self-conceptions; social and sexual affiliation with the gay community; same-sex romantic attachments (Troiden, 1979); more frequent disclosure of sexual orientation to significant others (Cass, 1979; Coleman, 1982b); comfort with and pride in one's homosexuality; and integration of homosexuality with all other aspects of the self (Cass, 1979).

Although a pattern of steady, progressive development may be seen as normative, nearly all theorists in this area acknowledge that a simple, linear developmental structure does not adequately express the experience of all individuals. "The characteristics of stages overlap and recur in somewhat different ways for different people. In many cases, stages are encountered in consecutive order, but in some instances they are merged, glossed over, bypassed, or realized simultaneously" (Troiden, 1989, pp. 47-48). Coleman (1982a) noted that retrograde development can sometimes take place, especially in response to very negative and rejecting behaviors from others. Additionally, Cass (1979) stated that identity development may be arrested or "foreclosed" by approaching developmental tasks with persistent avoidance or rejection of homosexually oriented thoughts, feelings, or behaviors. The result of such arrest at an early stage is, according to Cass, often a confused, conflicted, self-hating individual who wishes to be heterosexual but does not truly feel that he or she is. Foreclosure at a later stage may produce an ostensibly homosexual person, but one with strong feelings of alienation from (and perhaps hostility toward) either the gay community or the heterosexual world (Berzon, 1988; Cass, 1979) and a markedly diminished capacity for mature intimacy (Maylon, 1982).

Processes of identity reversion or foreclosure may be especially relevant for survivors of anti-gay violence. Anderson (1982), Garnets et al. (1990), Potter (1987), and Stermac and Sheridan (1993) all point out that assault trauma can cause lesbian and gay male victims of violence to freeze or regress in identity development. Old conflicts and concerns, dealt with earlier in the identity formation process, may re-emerge after victimization and issues of disclosure, community involvement, and internalized homophobia (all constituent parts of the identity development construct) may also become problematic and begin exerting negative influences on psychological adjustment.

These models of gay and lesbian identity development have not gone uncriticized. Walters and Simoni (1993) asserted that these conceptualizations tend to overlook group identities and attitudes toward the gay sub-culture in favor of an emphasis on more individual concerns. They also point out that the majority of research in this area has been nonempirical and retrospective. While there is a degree of truth to each of these critiques, it should be noted that several of the identity development models give attention to

sociological principles and social factors (e.g., Troiden, 1989) and that empirical research has been undertaken that lends support to models derived from qualitative investigations (i.e., Cass, 1984). Cass (1984) also addressed the argument that "homosexual behavior is the only reality in homosexual experience" (p. 165) and that the identity development construct was merely created by psychologists. Cass pointed out that

> such a stance ignores the finding that individuals *do* have some sense of "persistent sameness within oneself" (Erickson, 1959, p. 102) that can take different forms for different people and which they term *homosexual*, and that this identity is experienced as a psychological reality in their personal worlds. (1984, p. 165)

On the whole, it seems noteworthy that so many researchers have independently arrived at models of gay and lesbian identity development with such striking similarities in their themes of growth and change. The strong and fairly extensive literature in this area suggests that the identity development construct may have useful applications, both theoretically and in the psychotherapeutic milieu.

Counselling Interventions with Victims of Anti-Gay Violence and Verbal Abuse

Having addressed the frequency and mental health consequences of homophobic violence, specific issues in the treatment and counselling of survivors of these experiences remain to be considered. Proposed approaches to psychotherapy with victims of anti-gay violence are typically very similar to those systems developed for use with all other trauma survivors. Where gay- and lesbian-specific approaches differ from the general trauma therapies described earlier is in their focus on the victim's all too frequent linkage of his or her homosexuality with the heightened feelings of vulnerability that normally follow victimization. It may be through a general linkage of the victim's homosexuality with a sense of vulnerability that homophobic violence can affect each of the aforementioned constructs of disclosure of sexuality, community involvement, internalized homophobia, and gay or lesbian identity development. These constructs, under the influence of this destructive linkage, may then contribute to some of the especially negative mental health outcomes already discussed. This review of issues involved in the counselling of survivors of homophobic violence includes consideration of crisis intervention, dealing with negative affect, facilitation of positive affect, couples and family issues, the general defenses of minimization and denial, counsellor expertise and sensitivity, and the prospect of psychological growth after victimization.

Crisis intervention, a therapeutic contact in the immediate aftermath of trauma and violence, should emphasize providing for the client's immediate medical needs, preventing further victimization, and helping the client to utilize and build upon existing coping repertoires and social support systems (Anderson, 1982). One area of particular importance when working with gay and lesbian clients is assessing the meaning of the assault to its victim, the client's current feelings about him or herself, and the extent to which the victimization has been associated with being lesbian or gay (Garnets et al., 1990). Additionally, the question of whether or not to report one's assault to police may be relevant early (or at any later point) in the process of recovery. Timely reporting will facilitate not only the criminal investigation and eligibility for victims' compensation programs (Anderson), "it can offer a constructive channel for anger, increase feelings of efficacy, and provide the satisfaction of helping to protect other members of the community from the sort of victimization one has experienced" (Garnets et al., 1990, p. 378). At the same time, clients should be aware that reporting is actually unlikely to result in the arrest and prosecution of their attackers (Bard & Sangrey, 1986; Garnets et al., 1990; Roberts, 1995). Counsellors should also prepare clients who wish to report the incident for the previously discussed possibility of secondary victimization by insensitive criminal justice personnel.

An important aspect of counselling in the post-crisis period is encouraging survivors to acknowledge feelings of rage against their assailants and then to direct those feelings into appropriate and constructive channels (Walters & Simoni, 1993). This is of particular consequence with clients experiencing depression or who blame themselves for having been attacked (Bard & Sangrey, 1986). Negative affect can be constructively channeled into such activities as participation in activist groups working to oppose violence and homophobia or joining an assertiveness training or self-defense class (Anderson, 1982; Garnets et al., 1990). Anderson noted that one of the particular benefits of self-defense training is that it may help victims of violence to develop or restore their capacity for affection. He observed that "when people know that they have the skill to control their privacy and their bodies, they are better able to allow others to approach in positive ways" (Anderson, p. 158).

Group work can also be very beneficial in the promotion of self-confidence, self-respect, and other positive feelings. Consciousness-raising, psychoeducational groups can challenge any lingering homophobic stereotypes that the client may have about other gays and lesbians (Walters & Simoni, 1993); they can defuse fear and foster a sense of community (Anderson, 1982); they can assist survivors in placing their victimization in the broader context of a heterosexist society, relieving any sense of having been personally

targeted or blameworthy; and they allow group members to share experiences, to express anger, and to realize that they are not alone (Garnets et al., 1990).

In some cases, group therapy will also be appropriate when addressing issues related to the attack that affect the client in his or her intimate partnership or family relationships. Lovers, families, and friends may require assistance in dealing with the victimization experience and its impact on them (Garnets et al., 1990). Same-sex partners may be especially vulnerable to secondary victimization in the aftermath of an attack on their lover.

> They may be denied access to hospital visitation, for example, because they are not considered "immediate family." They are likely not to be eligible for or recognized by social workers or victim assistance agencies. Indeed, much of the post attack experience may serve to remind a gay couple that the larger society is hostile to them as gay people. (Garnets et al., 1990, p. 347)

Within the survivor's primary relationship, itself, any feelings of discomfort about being lesbian or gay evoked by an assault can cause very serious dysfunction. Berzon (1988) pointed out that strategies employed to inhibit or deny one's homosexuality (such as may resurface after an attack) must have a very negative effect on a person's ability comfortably to be a part of an intimate gay relationship. She suggested that the best approach to such a situation is to have the partners explore the reasons for the destructive behaviors and work on replacing them with acceptance of one's sexuality and an appreciation of the relationship.

A general concern that has been raised by several authors (Anderson, 1982; Garnets et al., 1990; Stermac & Sheridan, 1993) is the minimization, denial, and suppression of the impact of their experience common among survivors of anti-gay violence and verbal abuse. Anderson observed that clients in the post-crisis period who make use of these defenses are especially likely to wish to terminate professional services, feigning a successful resolution of the victimization. Commentators strongly caution that such a reaction "can only serve to exacerbate and delay satisfactory resolution of the physical and psychological manifestations of the victimization" (Stermac & Sheridan, p. 37).

Another issue of relevance in all cases of psychotherapy with survivors of homophobic victimization is the counsellor's degree of awareness of his or her own heterosexist assumptions and biases and familiarity with current and accurate information concerning lesbian and gay identity, community, and mental health (Garnets et al., 1990; Stermac & Sheridan, 1993). Psychologists must be prepared to avoid such common and

destructive practices as equating homosexuality with psychopathology; assuming that all clients are heterosexual; focusing on the client's sexual orientation when it is not relevant; failing to be cognizant of the pathogenic potential of internalized homophobia; failing to understand the significance and dangers of coming out; and failing to challenge stereotyped beliefs about gay and lesbian families and relationships and the gay and lesbian community (Garnets et al., 1991). 58% of psychologists in a survey conducted by Garnets et al. (1991) knew of incidents of biased, inadequate, or inappropriate practice in psychotherapy with lesbians and gay men. This suggests that counsellor sensitivity and professionalism, in the context of work with anti-gay hate crime survivors, warrants continuing attention and concern.

A final important question pertaining to therapy with victims of homophobic abuse is whether the traumatic experience can be transformed into an opportunity for individual growth. Some authors (e.g., Blum, 1986) argue that traumatic damage will usually outweigh any of its beneficial uses and that, at best, only unusually resourceful clients can ever make constructive use of such adversity. Others are more optimistic, perceiving in anti-gay violence and verbal abuse the potential for adaptive growth at both personal and community levels. Garnets et al. (1990) observed that

> survivors who cope successfully may infuse their lives with greater meaning and purpose than before and enjoy a strengthened sense of self-worth. They may take control of parts of their lives that they previously had not been able to manage while at the same time accepting that some events are beyond their control (Burt & Katz, 1987). They may redefine previous setbacks they experienced as the result of prejudice rather than personal failings, thereby increasing their self-esteem (e.g., Crocker & Major, 1989). Previously complacent survivors may become outraged by the injustice of their victimization and may become politically militant (e.g., Birt & Dion, 1987), with a subsequent increase in feelings of self-efficacy and empowerment. (p. 375)

Potter (1987) reported that while 38% of surveyed survivors of anti-gay victimization said that their lives were generally the same after their experience with abuse, and nearly half indicated that their lives were worse in some way, only 10% reported feeling better. This latter group described themselves as being more independent, more tolerant, smarter, or stronger. Based on these findings, it seems the best tentative conclusion is that experiences of homophobic abuse can constitute opportunities for growth but that the process of

drawing adaptive development from such trauma is likely to be time-consuming and difficult.

Summary of the Literature

A number of important conclusions and considerations relevant to the conduct of research into experiences of anti-gay violence and verbal abuse ensue from the foregoing survey of the existing literature. First and most fundamentally, it has been clearly established that acts of homophobic physical and verbal abuse occur with both disturbing frequency and often vicious brutality. Despite the methodological shortcomings of the available survey research, that anti-gay abuse continues to constitute a serious problem in North American society is beyond question. Secondly, it has been established that gay and lesbian survivors of homophobic violence and victimization can experience posttraumatic reactions of all degrees of severity. Such reactions have been reported to involve all of the biopsychosocial sequelae that typify the responses of victims of trauma, generally, and additional mental health consequences, unique to the survivors of anti-gay violence and verbal abuse. Third, the DSM-IV criteria and syndromes most commonly used to comprehend posttraumatic reactions (especially in quantitative research) have been criticized for their overinclusiveness; lack of resolution; and artificial, a priori character. There is a clear need for further exploration of the lived, "flesh and blood" character of these phenomena. Fourth, there have been no rigorous qualitative studies of experiences of homophobic abuse conducted to date. The qualitative materials in this area have been overwhelmingly of the case study type, and have provided readers with few if any methodological details.

Given the demonstrated personal and social importance of gay men's experiences of homophobic abuse and the serious deficiencies of the available quantitative and qualitative studies in this area, I believe that I can best further my goal of gaining a better understanding of these experiences and their psychological implications by utilizing an existential-phenomenological approach to research (as will be described in detail in the next two chapters). A rigorously conducted existential-phenomenological study will be ideally suited to address the deficits in the current literature for several reasons. Its phenomenological perspective will permit the gathering of rich, authentic, unconstrained descriptions directly grounded in the participants' lived experiences (Fischer & Wertz, 1979; Seamon, 1982). The existential dimension of the research, with its emphases on meaning and relationship, will help to identify issues of particular relevance to the survivors of homophobic violence and verbal abuse in the counselling context (Osborne,

1990). Finally, through an explicit focus on the abuse experiences of gay men, I will be able to begin to evaluate the validity and applicability of both the general and gay-specific theories of posttraumatic reactions with reference to this population.

With the preceding review of existing research and theoretical literature in the area of anti-gay violence and verbal abuse completed, the specific methodology to be utilized in this study may now be considered. That task begins with an overview of the philosophical concepts and principles underlying the chosen, existential-phenomenological, research paradigm.

Chapter 3

Philosophical Foundations of Method

Existential-phenomenological approaches to psychological research have developed from very different philosophical premises and to serve different purposes than the more common and familiar natural scientific research methods. This chapter begins with a comparison of the broad research paradigms of natural and human science (the latter of which encompasses existential-phenomenology). That will be followed by a more detailed consideration of existential-phenomenological principles and concepts. The chapter then concludes with a discussion of standards of reliability and validity and their applicability to existential-phenomenological research.

General Approaches to Research

The Natural Science Paradigm

Research carried out in the natural scientific tradition usually involves counts and measures of the things being studied (Berg, 1989) and aims at the explanation of cause-effect relationships--essentially asking the question *why?* (Valle, King, & Halling, 1989). Largely based on the philosophy of logical empiricism, natural science has come to be associated with such terms as "objectivity, explanation, quantification, prediction, control, repeatability, and public verifiability" (Seamon, 1982, p. 120). Logical-empirical natural science researchers make three fundamental assumptions about their objects of study: the phenomena are observable, they are quantifiable and measurable, and it must be possible for different observers to agree on the existence and properties of the phenomena (Valle et al.).

By focusing on directly perceived objects about which there can be intersubjective agreement, natural scientists purport "to eliminate the distorting influence of personal perspective" (Polkinghorne, 1983, p. 41). This conceptualization of objectivity necessitates a distancing of theory from lived experience (Colaizzi, 1978). In order to render them "value-free" and easily replicable, psychological phenomena are referred to only in terms of operational definitions. These are designated, strictly delimited patterns of behavior that are assumed to indicate the existence of an underlying psychological phenomenon while having "as little recourse as possible to human experience" (Colaizzi, 1978, p. 51).

While the natural science approach to psychological research is undoubtedly useful and productive in many areas, its exclusive focus on observable, measurable phenomena about which there can be intersubjective agreement has led method to dictate content and eliminated certain dimensions of the human psyche from the field of study (Colaizzi, 1978). In particular, aspects of personal experience as they are lived and given meaning have been overlooked or severely distorted by natural science methods that are ill-suited to the study of such phenomena (Giorgi, 1985).

The Human Science Paradigm

Commonly contrasted with the natural science tradition is the human science approach to research. While the two paradigms differ in many important ways, they are not opposites: human science and natural science research orientations are both designed "to discover answers to questions through the application of systematic procedures" (Berg, 1989, p. 6). When properly conducted, both approaches to the conduct of research will fulfill this goal.

In general terms, the human science paradigm involves an emphasis upon description, discovery, meaning, and understanding, rather than focusing on such criteria as measurement, prediction, and control (Osborne, 1994). The basic questions addressed by this approach to research are *What?* and *How?* Turning away from a stance of operationalization and exteriority concerned mainly with counts and measures, human science research is radically empirical (i.e., experiential), drawing on all sources of information, inner and outer (Seamon, 1982).

Researchers using the human science approach strive to explore the actuality of lived experience from an insider's perspective (Osborne, 1994) and make "meanings, concepts, definitions, characteristics, metaphors, symbols, and descriptions" (Berg, 1989, p. 2) their objects of study. Their research method "neither denies experience nor denigrates it or transforms it into operationally defined behavior...[, rather it] remains with human experience as it is experienced" (Colaizzi, 1978, p. 53). Furthermore, the human scientist tends to view experiencing not as the passive reception of "real-world" sensory data, but as an active process involving the objects of perception *and* those of feeling, imagination, and memory (Polkinghorne, 1983). For that reason, human scientists reject the natural science emphasis on intersubjective agreement and "objectivity" as entailing deindividuation. Human scientists view objectivity as "fidelity to phenomena" (Colaizzi, p. 52); they recognize that each individual has "different styles and sensibilities which, in turn, lead to different perspectives and sightings of the same phenomenon" (Seamon,

1982, p. 122). Since truth is seen as multiperspectival and revealed by the observer (Fischer & Wertz, 1979), the idiosyncrasies of the individual researcher become strengths to be recognized rather than liabilities to be controlled (Seamon). As all thorough and disciplined portrayals may be equally valid, each researcher adds a new perspective on the object of study (a type of triangulation) and increases our overall depth of understanding (Berg; Seamon; Wertz, 1984).

A human science-based research project is conducted in cooperation with its subjects (or co-researchers), using empathic seeing to make authentic contact with their experiences of the chosen phenomenon (Seamon, 1982). Co-researchers are selected in a purposeful fashion, in order to access expressive individuals with experience of the phenomenon whose combined participation illuminates its complete and essential character (Becker, 1986; Osborne, 1990; Wertz, 1984). The purposive sampling of interested and experienced (but unbiased) participants, combined with the human scientist's avoidance of a priori theories and assumptions, allows a holistic and genuine comprehension of the phenomenon to eventually emerge (Seamon).

Existential-Phenomenological Psychology

One particular aspect or sub-type of the human science paradigm, and that which has informed this research project, is existential-phenomenology. As its name suggests, this approach is the result of the blending of two complimentary and interrelated philosophies: existentialism and phenomenology. In combination, these schools of thought facilitate the understanding of human existence and its meaning, free (as much as is possible) from culturally-derived biases and presuppositions (Valle et al., 1989). In specific reference to human psychological phenomena, existential phenomenological psychology is "that psychological discipline that seeks to explicate the *essence*, *structure*, or *form* of both human experience and human behavior as revealed through essentially *descriptive* techniques" (Valle et al., p. 6).

The existential-phenomenological approach to psychological research may be especially well suited to members of the counselling field. The conduct of existential-phenomenological study requires the use of such counselling-related attributes and abilities as empathic understanding and other interpersonal communication skills (Osborne, 1990). Because it necessarily involves these and such other features as dialogal communication, trust, and personal insight, Colaizzi (1978) goes so far as to assert that existential-phenomenological inquiry "passes beyond research in its limited sense and...[constitutes] a mode of existential therapy" (p. 69).

While there is no single correct way to do existential-phenomenological research (Seamon, 1982), all investigations conducted in this tradition are guided by certain foundational concepts and principles and must be critically evaluated according to appropriate standards of reliability and validity. The following pages comprise a consideration of these concepts and standards as they are relevant to this research.

Foundational Concepts of Existential-Phenomenological Psychology

Psychological research conducted in the existential-phenomenological tradition is grounded upon a body of carefully articulated philosophical assumptions. These philosophical roots directly influence the ways that existential-phenomenological psychologists conceive of the human individual, formulate questions, and design research (Valle et al., 1989). Two of the most important foundational ideas of existential-phenomenology are co-constitutionality and the life-world.

The concept of co-constitutionality.

Existential-phenomenologists reject the traditional natural science conceptualization of people and their environments as separate, distinct things or poles. Instead, "the person is viewed as having no existence apart from the world and the world as having no existence apart from persons. Each individual and his or her world are said to coconstitute one another" (Valle et al., 1989, p. 7). This essential person-world unity is so complete that either aspect becomes inconceivable without the other (Colaizzi, 1978). Because of the necessary, constant presence of each person's familiar, surrounding world, all human beings may be described as *contextualized*. It is only through his or her world that a person's existence emerges and, conversely, each individual's existence gives their world its meaning. Each relies on the other for its existence, and all being is actually "being in the world" (Valle et al., p. 7).

The person-world fusion involves a continuous *dialogal relationship*: people sometimes act on the world and our worlds sometimes act on us (presenting situations which require us to make choices). Existential-phenomenologists view human beings as "condemned to choice" within a context of *situated freedom*. That is to say that, while we must always make choices, we are free to choose our courses of action within the limits of the situations presented to us by our worlds (Valle et al., 1989).

The concept of the life-world.

Emerging from the constant dialogue between person and world, the life-world may be described as an individual's naive, pre-reflective way of experiencing existence (Valle et al., 1989). In exploring the life-world, phenomenologists study the everyday world as lived, prior to any kind of explanation (Giorgi, 1975). "Hypotheses, theories, and the causal thinking on which they are based...are not given in direct and immediate experience" (Valle et al., p. 9). These higher order modes of thought, derivatives of the life-world and not part of the individual's essential, primordial experiencing of life, are de-emphasized in this research perspective. By studying a phenomenon within its life-world context, the existential-phenomenological psychologist respects and maintains contact with the person's co-constituted nature.

Standards of Reliability and Validity in Existential-Phenomenological Research

Having considered the broad metatheoretical differences that distinguish the human and natural scientific paradigms, it is essential to be cognizant of the distinct standards relevant in evaluating the legitimacy and trustworthiness of existential-phenomenological research. Qualitative researchers disagree over how best to conceptualize issues of reliability and validity in their studies (Maxwell, 1992), but unanimously reject as inappropriate the application of natural science criteria based on logical-empirical assumptions (Maxwell; Osborne, 1990). They point out that while natural scientists rely on generic a priori design features (e.g., controls and randomization) to deal with threats to validity, human scientists are much less able to utilize such approaches because of their work's primarily inductive character (Maxwell). The consensus appears to be that, in human science research, there are no specific procedures that will regularly produce sound data or conclusions (Phillips, 1987, as cited in Maxwell; Seamon, 1982). Instead, the greatest emphasis has been on broad principles and practices that maximize rigor, understanding, and the persuasiveness of human science observations and interpretations (Maxwell; Osborne, 1990; Wertz, 1984).

Reliability.

In natural science research, *reliability* involves "the level of internal consistency or stability of...[a] measuring device over time" (Borg & Gall, 1989, p. 257). Even in purely logical-empirical studies, however, the concepts of reliability and validity are indivisibly

intertwined. Measurement necessitates an a priori definition of the phenomenon in question, and this conceptualization will affect how the construct is to be measured (Osborne, 1990).

In the sort of phenomenological research undertaken here, questions of reliability may arise both while conducting in-depth interviews and when interpreting the resultant pool of information. During the interview phase, reliability consists in sameness of meanings arising out of different factual situations and contextualized individual perspectives (Osborne, 1990, 1994). While each interview conducted is a unique and unrepeatable occurrence, a form of reliability may be attained by sifting through all interview data and identifying aspects of the chosen experience shared by most or all participants. These commonalties establish between-subject consistency (and reliability) *and* constitute the essential structure of the phenomenon.

The main threat to the reliability of phenomenological research arises during the interpretation of co-researchers' experiential accounts. Because the transformation and synthesis of interview data are largely intuitive processes that rely heavily on "the reflective powers and overall personal presence...of the researcher" (Wertz, 1984, p. 46), the "correctness" and consistency of interpretations are often called into question. Accepting, however, as human scientists do, the legitimacy of all well-elaborated and supported perspectives and the plurality of possible interpretations, "it becomes meaningless to impose strict requirements of interpreter-reliability" (Kvale, 1983, p. 192). The phenomenological researcher's best guideline is to state, as clearly and persuasively as possible, which data were used to arrive at which interpretations and why, so that those interpretations may be tested and, finally, judged by the reader (Kvale, 1983; Osborne, 1990).

Validity.

At its most general, *validity* refers to "the notion that an idea is well-grounded and well-supported and thus that one can have confidence in it" (Polkinghorne, 1983, p. 57). Among phenomenologists, however, a consensus regarding how best (or even whether) to apply the concept of validity to their research has been slow to develop. Whether one accepts the notion of validity or prefers to emphasize such concepts as "authenticity" or "understanding" in research, phenomenologists most commonly eschew natural science-based validity-issue typologies in favor of much more contextualized "exemplars of scientific practice" (Maxwell, 1992, p. 280). In particular, four major means of assessing the rigor and persuasiveness of phenomenological research have been proposed. They

include bracketing and careful procedural description, goodness-of-fit checks, convincing argument and rhetoric, and empathic generalizability (Osborne, 1990).

The first means of promoting validity in existential-phenomenological research is to carefully and thoroughly describe both one's own perspective on the research project (and all that this entails) and precisely how one undertook the process of data analysis (Osborne, 1990). The first aspect of this explication involves disciplined reflection upon and making explicit one's own presuppositions, beliefs, assumptions, and biases so that the researcher will be aware of them and be able to take them into account (and, as much as is possible, hold them in abeyance) during interviewing and data analysis (Kvale, 1983). This procedure has been referred to as *bracketing*. The ongoing process of bracketing and rebracketing aims at moving the researcher from the *natural attitude* (one's day-to-day perspective, usually colored by an array of opinions and beliefs and often including logical-empirical assumptions) to the *transcendental attitude* (an openness to "pure phenomena" and "presuppositionless knowing") (Osborne, 1994; Valle et al., 1989). This gradual transformation of perspective is known as *reduction*. While most existential-phenomenologists reject as unattainable the goal of achieving pure presuppositionlessness (Osborne, 1994), at the very least bracketing and reduction serve to enable readers to consider the researcher's overall orientation to his or her work. This understanding, along with a detailed description of how and why interpretive decisions were made, may be applied to allow the consumers of research to clearly see how particular interpretations of the data were derived, whether or not they agree with the final result (Osborne, 1990).

The second way to maximize confidence in existential-phenomenological research is to conduct goodness-of-fit checks with co-researchers during and after data collection and interpretation (Osborne, 1990). Research results must be firmly rooted in the experiences of the co-researchers and remain true to those experiences. Through dialogue with the co-researchers, the existential-phenomenologist can verify the accuracy of transcripts and accounts (Maxwell, 1992) and check "the congruence of the researcher's interpretations with participants' accounts of their experiences" (Osborne, 1990, pp. 87-88). Because co-researchers may be unaware of their true feelings, may have imperfect recall, or may consciously or unconsciously conceal or distort their views, researchers are advised to treat feedback regarding personal meanings as suggestive but not definitive (Maxwell; Osborne, 1990; Wertz, 1984).

The third and perhaps most vital means to the establishment of validity in this type of research is to support one's interpretations and conclusions with "coherent and convincing arguments" (Osborne, 1990, p. 88). By precisely and comprehensively

backing up all interpretations with specific references to the data (Wertz, 1984) and, as previously described, by clearly outlining the process of data synthesis and interpretation, the researcher will best be able to explain and defend all decisions made. Through a juridical and rhetorical process, the researcher must persuade readers that all inferences made and all conclusions arrived at were appropriate and well supported (Polkinghorne, 1983).

The fourth and final way to ensure confidence and validity in existential-phenomenological research is to determine if one's overall descriptive synthesis of the experience studied provides *empathic generalizability*. Similar to the means by which works of art or literature may appeal to our sense of an essential, shared human "way of making meaning in the world" (Ivey et al., 1993, p. 1), empathic generalizability involves the transcontextual recognition of and resonance with the deep structure or pattern of a lived experience (Osborne, 1994). A research project has empathic generalizability inasmuch as "the interpreted structure of the [phenomenon]...resonates with the experiences of other people, not in the study, who have experienced...[that] phenomenon" (Osborne, 1990, p. 88).

From this discussion of the philosophical bases of the existential-phenomenological research approach, it is now appropriate to specify the particular methods and procedures applied in the conduct of this thesis project.

Chapter 4

Method

Having reviewed the fundamental philosophical principles and standards of reliability and validity underlying existential-phenomenological research in psychology, specific aspects of research method and conduct may now be considered. This chapter includes explanations of the procedures for co-researcher selection, bracketing, interview conduct, and data analysis utilized in this study.

Selection of Co-Researchers

As was described earlier, co-researchers for existential-phenomenological studies are selected through a process of purposive sampling. This approach involves the researcher's deliberate choice of participants who, together, can illuminate the entirety of the essential structure of the phenomenon of interest (Osborne, 1990; Wertz, 1984). With an emphasis on the nature of the relevant experience and not on drawing inferences about a population based on the characteristics of a sample, "the point of subject selection [in phenomenological research] is to obtain richly varied descriptions, not to achieve statistical generalization" (Polkinghorne, 1983, p. 48).

There are two general requirements for individuals to serve as co-researchers. First, they must have salient experience of the phenomenon under study. Secondly, co-researchers must be able to provide a full and sensitive description of their experience of the phenomenon (Becker, 1986; Polkinghorne, 1983). Van Kamm (1969, as cited in Polkinghorne) proposed six factors necessary for participants to fulfill the second of these requirements. They include

> (a) the ability to express themselves linguistically with relative ease, (b) the ability to sense and to express inner feelings and emotions without shame and inhibition, (c) the ability to sense and to express the organic experiences that accompany these feelings, (d) the experience of the situation under investigation at a relatively recent date, (e) a spontaneous interest in their experience, and (f) the ability to report or write what was going on within themselves.... (pp. 47-48)

Bearing these requirements in mind and striving to select for a full range of variation in the descriptions of experiences to be accessed (Polkinghorne, 1983), a pool of potential co-researchers was recruited according to the following delimiting criteria:

1. The person was a gay male aged 18 or over.
2. He had experienced, in the preceding 12 months, an act or acts of physical violence or of verbal abuse that he believed to be motivated by another person's reaction to his sexual orientation.

Potential co-researchers were contacted via advertisements in the University of Alberta Students' Union newspaper (*the Gateway*) and a local gay and lesbian-directed magazine (*Times .10*); an interview on a University of Alberta campus radio station gay and lesbian current affairs program ("Gaywire" on CJSR, FM 88.5); postings in three area nightclubs, a cafe, a bookstore, a video rental outlet, and the Gay and Lesbian Community Centre of Edmonton; a notice in a regional gay and lesbian-directed electronic mail newsservice; and through personal referral or "snowball" sampling (Dean et al., 1992).

In total, four co-researchers were selected to participate in this thesis project. It was the researcher's opinion that each of these men clearly fulfilled all six of Van Kamm's criteria of co-researcher sensitivity and expressiveness and that, together, they presented a broad, widely varied range of perspectives and experiences.

Each individual was asked to choose a pseudonym by which he and his narrative could be identified in this report. Additionally, each co-researcher provided a brief personal biography describing himself and his most recent experience of homophobic violence or verbal abuse. One of the co-researchers, referred to here as "Michael," discontinued his participation in the study before choosing a pseudonym or supplying any biographical information. These items have been prepared by the researcher on his behalf.

Red.

Red is a man in his 30's with a long history of involvement in Edmonton's drag community. He has recently also begun to participate more extensively in some of the city's other gay and lesbian groups. While Red mentioned enduring several instances of abusive, anti-gay behavior in his family of origin, his interview focused primarily on a violent homophobic assault upon him by a small group of young men, which occurred at a public transit station outside of a large shopping centre. Red provided the following personal description:

> My name is "Red". I was raised in a catholic, homophobic home, with parents who taught me that being gay was sick, that those kind of people needed help, that

they were child molesters, child kidnappers, and the like. Being raised in an environment like this was really damaging to my self-esteem, having known that I was attracted to men since I was a kid.

I moved to Edmonton about 9 years ago, where I got mixed up in male prostitution. This brought my self-esteem even lower. A friend of mine got me off the streets, helped me back on my feet.

My parents haven't spoken to me in about 3 years, ever since my brother told them about my time on the streets, and my lifestyle.

Albert.

Albert is a businessman in his 40's who is quite prominently active in Edmonton's organized gay and lesbian community. His most recent encounter with homophobic abuse consisted of a clearly anti-gay, life threatening telephone call, specifically directed to him at his workplace. Albert also reported having been subjected to four different, extremely violent, homophobic attacks in previous years. His autobiographical profile reads as follows:

My name is Albert, and I am a college graduate with a multitude of additional training courses in management taken since graduation. I left the small town in which I grew up at 22 to head for Toronto. After doing some further traveling, I settled down in Edmonton. For the better part of my life, I have worked in and around one form of media. A good number of years were spent in radio and television, while always keeping my hands in the printed word. My career spans many years and has taken me to the very top of the management scale with a billion dollar a year company. Now, at mid-life, I own my own business.

I knew that I was a homosexual from my early teens, or at least I knew there was something different about me. As my peers were talking about girls, I was

checking out the boys. I kept my sexuality hidden until I was in my late twenties. At least I thought I was keeping it hidden since my "coming out" was of no surprise to the people close to me. There were those people who just stopped talking to me because of it, and that hurt.

A lot of bashing took place while I was in the "closet." Even then, people would utter words such as "faggot," "queer," and others. I was beaten quite seriously during a time that I thought nobody knew my secret. The more recent bashings have come in the way of threats to my life. These have made me much more leery of walking into situations or places that I no longer consider safe.

Michael.

Michael is a waiter in his 20's with a long-standing involvement in Edmonton's drag community. His interview focused on his first and only experience with anti-gay violence, an attack on him by two young men as Michael was walking down a residential street on his way to a friend's birthday party. Michael dropped out of the study after his data-gathering interview, and did not provide a personal profile.

Mr. Gay.

Mr. Gay is a male elementary school teacher in his 30's with a moderate involvement in Edmonton's organized gay and lesbian community. His most recent encounter with homophobic abuse took place in a small Alberta town where he then lived. The experience consisted of a two year long campaign of verbal abuse, threats, and harassing telephone calls, to which Mr. Gay was subjected at home, in his school, and throughout his community. He provided the following autobiographical sketch:

We are living in hopeful times. Growing recognition of gay issues has brought about positive changes for us as a minority. Yet schools, especially Catholic schools, appear to wish to remain remote from the acceptance of gays, lesbians, and bisexuals.

My personal experience as a gay educator in a Catholic school was not positive. I never expected my presence in the school I worked in or the town that I lived in to be applauded as an expression of diversity--but I didn't expect to be a victim of hatred.

After several years of enduring an ongoing campaign against me as a gay teacher, I finally found the courage to walk away. Today, I live in a large metropolitan area and again I am teaching four and five year olds. Yet my enthusiasm for my profession has been dampened. Schools are not friendly, safe places for gays. Other teachers share stories of their outside lives in the staff room and the classroom--this is not my reality. I cannot tell the children I teach about the Pride Colors and if I ever counselled a student who came to me thinking he or she was gay, I would not expect to teach again.

Clearly, anti-discrimination laws are a valuable beginning towards ending unjust treatment of gays, lesbians, and bisexuals. However, our strongest weapon in changing public opinion will come from education. Funny, isn't it--those of us with the strongest ability to fight this war seem to be locked in our closets.

Bracketing

As has already been discussed, because phenomenologists understand that "researchers inevitably influence the form and content of their findings" (Fischer & Wertz, 1979, p. 137), it was essential to attempt to articulate my own personal and culturally derived preconceptions and presuppositions relevant to this study. This process of rigorous self-reflection began before the commencement of interviewing and continued throughout data analysis. By becoming aware of and making explicit my own biases and assumptions, I attempted to approach my research topic afresh, with preconceived notions held suspended, as much as was possible. The following list of my relevant attitudes, beliefs, and experiences is also included here to give the reader a better comprehension of my personal perspective on this research project:

1. I am a 32 year-old gay man; I consider myself to be happy and comfortable with my sexual orientation and to have integrated it well into all aspects of my life. I have been extensively involved in and am very familiar with most aspects of Edmonton's gay male community and subculture.
2. While I have never been subjected to anti-gay physical violence, I have experienced what I consider to be homophobic verbal harassment and threats on two occasions. I am personally acquainted with three gay men who have experienced anti-gay assaults of varying degrees of violence.
3. I expect homophobic abuse to have been directed primarily at younger gay men (or at older men who are only marginally connected to the gay community) by small groups of relatively young perpetrators.
4. I assume that few, if any, of the survivors of homophobic victimization will have reported their experiences to the police.
5. I expect the survivors of homophobic violence and verbal abuse to show all of the sequelae typically found among victims of trauma, generally, but with greater levels of severity. Additionally, I assume that these men are likely to report difficulty related to acceptance of and comfort with their own sexuality (including especially heightened feelings of guilt and fear), increased instances of sexual problems and difficulty with intimate relationships, and conflicted attitudes toward outness and the gay community.
6. As a student psychologist, my preferred theoretical and counselling perspective is the humanistic-existential. I expect that I will give greater attention to and be more perceptive of issues of meaning, choice, freedom, and responsibility than might be the case for a researcher with a different theoretical orientation.

As part of my ongoing effort to monitor all personal presuppositions and the influences that they may have exerted on the progress of this project, I maintained a journal of my research-related thoughts, impressions, and reflections throughout this inquiry.

Interview Procedure

Throughout the interview process, an effort was made to remain true to the principle of emergent or flexible design (Borg & Gall, 1989; Rubin & Rubin, 1995), allowing for the inclusion of unanticipated questions and variables and for the unique and dynamic nature of the interview situation (Becker, 1986). A second principle guiding this process was the wish to create a good rapport between the researcher and all co-researchers (Osborne, 1994) and to cultivate an atmosphere conducive to deep, rich verbal expressiveness (Becker). Settings were quiet, private, and comfortable and every effort

was made to treat co-researchers with respectful informality, non-coerciveness, mutuality, and authenticity (Osborne, 1994).

The interview structure tentatively adopted at the outset of this research was Osborne's (1990) three phase format. This design was felt to be well suited to the research question, rigorously organized to facilitate consideration of relevant reliability and validity guidelines, and thoroughly proven by past usage. The three phase interview structure divides the process of data collection into an orienting interview, a data-gathering interview, and one or more validation interviews.

The orienting interview.

The first interview contacts were intended to establish rapport with potential co-researchers and to inform them of the nature and purpose of the project. The broad objectives of the study were discussed, as well as co-researchers' rights as research participants, and the structure and purpose of the interviews involved. Potential co-researchers were given an Information and Consent Form (see Appendix A) presenting this material in summary form. They were encouraged to ask any questions they had about the study, and these inquires were promptly answered. Individuals who wished to proceed then signed their Information and Consent Forms and were given a Research Participants' Hand-Out (see Appendix B) to read before the next meeting. The Hand-Out was designed to prepare co-researchers for the minimally-structured format of the data-gathering interviews and to reassure them of the value and appropriateness of their descriptions of their experiences, however expressed (Becker, 1986). Orienting interviews usually lasted approximately 25 to 40 minutes.

The data-gathering interview.

The second-phase interviews served as the primary forum for obtaining information about co-researchers' experiences of anti-gay violence and verbal abuse. These open-ended dialogal encounters were intended to allow co-researchers fully and spontaneously to describe their experiences before any effort by the researcher to prompt them with questions about particular aspects of the phenomenon (Osborne, 1990). When prompting did occur, co-researchers were directed toward a consideration of general themes derived from the literature and the researcher's pre- or foreunderstanding of the study topic (Osborne, 1994) (see Appendix C, the Data-Gathering Interview Guide). Second-phase interviews were audio-taped and then transcribed for the data analysis process. Data-

gathering interviews lasted anywhere from one to three hours, concluding when the co-researcher felt he had said all he could about his experiences.

Because participation in this research had the potential to evoke powerful memories, emotions, and other responses, co-researchers were carefully monitored throughout second and third-phase interviewing for any indications of personal difficulties. Interviewing would be terminated in the event of the development of significant distress, and all co-researchers were provided with a list of appropriate counselling and informational resources (see Appendix D, Research Participants' Referral List).

The validation interview.

Third and final interviews served two primary purposes. First, they allowed for a testing of the limits of earlier descriptions (Becker, 1986). This respiralling aspect (Osborne, 1990) of third-phase interviews permitted the researcher to raise themes and issues that may have emerged from analyses of other interview transcripts. A co-researcher who, for example, did not mention an experience reported by most of his fellow volunteers could be (as non-directively as possible) questioned about its relevance for him. The second main aim of validation interviews was, as their name suggests, to obtain each co-researcher's confirmation of the accuracy and comprehensiveness of my overall descriptive synthesis of the experience of anti-gay violence. These goodness-of-fit checks allowed co-researchers an essential opportunity to authenticate, elaborate upon, or correct "the researcher's interpretive portrayal of the data" (Becker, p. 118). Each of the co-researchers was provided with a Summary of the Data Analysis Process (see Appendix H) and an Integrated Description of the Experience of Being Subjected to Anti-Gay Violence or Verbal Abuse (see Appendix I), summarizing the common and important themes derived from all of the co-researchers' previous interviews during this final contact. Third-phase interviews lasted roughly 45 to 60 minutes.

Data Analysis

The following series of steps, similar to those outlined by Colaizzi (1978), Giorgi (1975), and Osborne (1990, 1994), was used to gain access to the essential structure of the lived experience of being subjected to homophobic violence or verbal abuse:

1. The audiotape of each data-gathering interview was listened to and the corresponding transcript (or protocol) and any written notes taken while interviewing (usually referring to such matters as the co-researcher's facial expressions, posture, and "body language") were read a number of times. This was done in order to become familiar

with these materials and to gain a general sense of the co-researcher's description of his experience.

2. The text of each transcript was divided into *significant statements* (i.e., phrases or sentences directly related to the investigated phenomenon, with irrelevant or repetitious portions omitted). Also referred to as *meaning units*, these naturally discrete segments of the co-researcher's description each convey important meaning and insight into the experience.

3. Each meaning unit was paraphrased into concise psychological language. During this step, a stringent effort was made to remain faithful to the complete context of each co-researcher's experience.

4. Each significant statement and its associated paraphrase was assigned a short, interpretive label. This step, and the one previous, involved the researcher's use of "creative insight" to make the leap "from what [the] subjects say to what they mean" (Colaizzi, 1978, p. 59). Meanings embedded in the protocol's various contexts were uncovered and illuminated through this process of insight and empathic understanding. Formulated meaning-labels might go beyond the original protocol text, but had always to remain firmly grounded in the co-researcher's described life-world; they did not impose preconceived theories but, rather, allowed "the data to speak for itself" (Colaizzi, p. 59).

5. Each co-researcher's labels were grouped or clustered into more comprehensive *themes*. The themes generated here were referred back to the interview protocols to ensure that they neither proposed concepts not in the original descriptions nor failed to account for any important materials therein.

6. A between-persons level of analysis was accomplished by comparing all co-researchers' themes to identify *common* and *important themes*. Common themes are those evinced by all co-researchers, while important themes are exhibited by most but not all individuals. Common and important themes were accompanied by a paragraph describing their respective meanings.

7. At this point, validation interviews occurred. Co-researchers were shown the obtained common themes and asked how well they represented their personal experience of anti-gay abuse. They were also asked about any important themes that were not touched upon in their own earlier descriptions.

8. Once all useful interview data had been obtained and analyzed, the common themes derived were synthesized into a final, essential description of the experience of being subjected to anti-gay violence or verbal abuse.

Chapter 5

Results

This chapter contains the results of the three-level thematic analysis conducted on all of the co-researchers' interview data. First, the thematic analysis process followed and its outcome are reviewed. Then, the 15 common and 18 important themes identified are listed and elaborated. Next, the essential description of the experience of undergoing homophobic violence or verbal abuse, which results when the common themes are synthesized, is presented. Finally, the feedback from the co-researchers' validation interviews is tabulated and considered.

Thematic Analysis

Interpretive Labels

The first important interpretive procedure undertaken during thematic analysis was the assigning of meaning-labels to every significant statement derived from the co-researchers' interview transcripts. As this process unfolded, it became apparent that the meanings expressed by certain significant statements could appropriately be grouped within the same interpretive label, while others were similar but had enough variation in their tone and signification that a subtly different title seemed more appropriate. The labels for some statements presented themselves very readily. Others were much more resistant to rapid distillation and only became clear after different meaning units, ultimately assigned the same name, were identified and considered and the proper extent of the concept that the label epitomized could be determined. For example, at first, Michael's meaning unit, "I'm having a little hard time recalling all the dates and stuff, but, I'm sure it was near the end of September, last year," seemed difficult to reduce to a concise thematic label. Whether or not the excerpt even referred to an important aspect of the experience of being subjected to homophobic abuse appeared doubtful. It was only after reading and dwelling upon this co-researcher's meaning units numbered 6, 62, and 67, which involved related concepts and characteristics, that a clear idea of the label eventually adopted (poor memory for details of the attack) began to coalesce.

The following is an example of the first level of the analysis procedure, including the identification of a significant statement or meaning unit, a paraphrase of the unit's meaning, and the label assigned:

Meaning Unit	Paraphrase	Label
And then spoke about how he knew there was a teacher on staff at the school, the Catholic school, in the town, that was gay,...	The priest stated that he knew of a gay teacher at the local Catholic school.	-Involuntary exposure of homosexuality.

Appendix E contains a more extended example of this process.

An example of the interpretive labels assigned to all of the significant statements of one co-researcher is presented in Appendix F.

Thematic Clusters

The second main step in the process of thematic analysis involved the grouping of the interpretive labels derived from each co-researcher's transcript into more comprehensive, higher order themes. At this level of analysis, the focus for comparison and clustering was entirely within individuals' experiences, not yet between different members of the research group.

The derivation of thematic clusters was conceptually very similar to the process of determining which meaning units to group within the same interpretive label. The main difficulty encountered at this point in the data analysis (to a greater degree than during label application) consisted of ensuring that the clusters produced were neither so over-inclusive as to be trite and unilluminating nor so excessively specific as to be insensitive to broader but still important trends and linkages. As was described in Chapter 4, a constant effort was made to ensure that all significant statements composing a thematic cluster actually evinced that cluster's defining concepts and "feel." This concern served as the primary guidepost in deciding how broadly or narrowly to cast these individual themes.

At this point, nearly all of the interpretive labels derived from the co-researchers' transcripts were included within at least one theme. Only a very small number of labels, which seemed to reflect very fleeting, isolated, and not especially significant aspects of the participants' experiences, were dropped from the analysis.

An example of the within-person thematic clusters resulting from this second step in the data analysis process is presented in Appendix G.

Common and Important Themes

The third level of the data analysis procedure consisted of the comparison and collation of each co-researcher's individual themes and the derivation of overall, between-person common and important themes. Recall that common themes have been defined as those themes evident in every co-researcher's account of his experience, while important themes are those described by three, but not by all four, of the research participants.

Because it was felt that further abstraction could result in an unacceptable loss of detail and empathic resonance, this step in the process of analysis tended to emphasize the grouping of similar themes from different individual analyses, rather than the further conflation or juxtaposition of more distantly related objects of consciousness. However, as can be seen in the tabular presentation of the results of this step, individual co-researchers' different but related themes are not infrequently included within a single between-persons thematic cluster. This occurred only when it was felt that the construct produced remained sufficiently precise and close to the co-researchers' life-world descriptions.

Tables 1 and 2 present the between-persons, common and important themes (respectively) resulting from this third step in the data analysis process. These tables are followed by a discussion of the composition and signification of the identified common and important themes.

Table 1.

Between-Persons Analysis: Common Themes

	Common Themes	Co-Researcher	Thematic Clusters
1.	Sense of Isolation, Lack of Needed Help, Exposure, and Personal Violation	Red	Sense of betrayal/ abandonment/singling out (1)
		Albert	Sense of personal violation/ intrusion (3)
		Michael	Sense of isolation/lack of needed help (7)
		Mr. Gay	Sense of violation/invasion of privacy (3)
			Lack of needed/expected support (17)
2.	Feelings of Shame and Embarrassment	Red	Shame/embarrassment/low self-esteem/sense of failure (2)
			Sense of differentness/ apartness (19)
		Albert	Shame (7)
		Michael	Poor self-esteem (17)
		Mr. Gay	Shame/self-blame/desire not to be identified as gay (15)
			Concern about others' attitudes/opinions (25)
3.	Feelings of Anger and Resentment for the Abuser(s) and Others	Red	Anger (3)
		Albert	Anger (8)
			Contempt for abusers (22)
			Contempt for some victims of homophobic abuse (23)
		Michael	Anger (21)
		Mr. Gay	Contempt for abusers (12)
			Anger/desire to confront abusers (24)
4.	Sense of Powerlessness, Restriction, Oppression, and Loss of Control Over One's Own Life	Red	Loss of control/loss of freedom (5)
		Albert	Sense of powerlessness/ limitation (16)
			Feeling of restriction/ oppression (32)
		Michael	Sense of loss of control/lack of control/being defeated (8)
		Mr. Gay	Dysphoric sense of loss of control/manipulation (7)

5.	Sense of Shock, Surprise, and Violation of Personal Expectations	Red	Surprise/violation of expectations (7) Belief in personal invulnerability (28)
		Albert	Violation of expectations (14)
		Michael	Expectation of own ability to foresee danger (4) Violation of Expectations (5)
		Mr. Gay	Sense of shock/disbelief/ insecurity (5) Confrontation of the unexpected reality of discrimination (10)
6.	Feelings of Fear and Insecurity	Red	Fear (9)
		Albert	Fear (11)
		Michael	Fear (20)
		Mr. Gay	Fear (19) Fear of future harassment (33) "Paranoia"/sense of being watched (37)
7.	Theory Building and Contemplation of and Need to Understand the Abuse Experience	Red	Theory building (10)
		Albert	Theory building (21)
		Michael	Theory building (2) Re-experiencing/ preoccupation with the attack (32)
		Mr. Gay	Need to understand and to choose correctly (and to have done so in the past) (11)
8.	Experience of Social Support After the Abuse	Red	Social support (11)
		Albert	Social support (41)
		Michael	Social support (30)
		Mr. Gay	Social support (40)
9.	Physiological Reactions and Medical Problems After the Abuse Experience	Red	Physiological reactions (12)
		Albert	Medical problems (28)
		Michael	Physiological responses during the assault (19)
		Mr. Gay	Physiological problems (20)

10.	Changed Social Awareness, Perspective, and Behaviors and Increased Desire to Help or Protect Others After the Abuse Experience	Red	Desire to help others (15) Broad perspective on the experience (26) Social changes (34)
		Albert	Changed perspective on homophobic abuse (10) Changed social behaviors and perspective (20) Political awareness/ perspective (24) Comparison of gays' situation to that of another oppressed minority group (31)
		Michael	Assault catalyzing desire to help/protect others (38)
		Mr. Gay	Social/interpersonal changes (26) Gayness becoming the central aspect of one's identity (31)
11.	Feelings of Pride in One's Own Gayness and in the Gay Community	Red	Pride in self/gay community (22) Improving acceptance of own sexuality (39)
		Albert	Pride in gayness (36) Perception of the gay community as vital and growing (38)
		Michael	Pride in own gayness and the gay community (23)
		Mr. Gay	Pride in own gayness/the gay community (16)
12.	Sense of Personal Growth, Learning, and Maturation Subsequent to the Abuse Experience	Red	Sense of growth/learning (27)
		Albert	Sense of new learning/ personal growth (17) Increasing sense of calm and resignation (30)
		Michael	Sense of personal growth/ maturation (33)
		Mr. Gay	New learning/personal growth (35)
13.	Previous Awareness of the Occurrence of Homophobic Violence and Discrimination	Red	Past abuse experiences (17) Knowledge of homophobic violence through the media (29)
		Albert	Earlier experiences with homophobic abuse (6)
		Michael	Awareness/expectation of homophobic abuse (24)
		Mr. Gay	Past encounters with homophobia (43)

14.	Difficulty Fully Accepting and Valuing One's Own Sexuality	Red	Difficulty accepting own sexuality (38)
		Albert	Difficulty coming to terms with own sexuality (25)
		Michael	Sense of gayness as a source of vulnerability (18)
			Relationship between drag and self-esteem (39)
		Mr. Gay	Shame/self-blame/desire not to be identified as gay (15)
15.	Changed Type and/or Degree of Openness About One's Own Sexuality Subsequent to the Abuse Experience	Red	Improving acceptance of own sexuality (39)
		Albert	Abuse affecting outness (39)
		Michael	Changed outness (35)
		Mr. Gay	Change in type of outness, as well as degree (34)

Table 2.

Between-Persons Analysis: Important Themes

	Important Themes	Co-Researcher	Thematic Clusters
1.	Self-blame and a Sense of Failure Regarding the Abuse Experience	Red	Self-blame (14)
		Michael	Sense of loss of control/lack of control/being defeated (8)
			Self-blame (27)
		Mr. Gay	Shame/self-blame/desire not to be identified as gay (15)
2.	Memory and Perceptual Alterations and Flashbacks During and After the Abuse Experience	Red	Memory/perceptual alteration (6)
			Memory effects/flashbacks (24)
		Albert	Memory effects (4)
		Michael	Poor memory for details of an attack (1)
			Re-experiencing/ preoccupation with the attack (32)
3.	Sense of Closeness to Death and Realization of One's Own Mortality During and After the Abuse Experience	Red	Realization of own mortality (8)
		Albert	Sense of closeness to death (12)
		Michael	Feelings of Relief (6)
4.	Physical Injury by Abusers	Red	Physical injury (13)
		Albert	Scarring and injury from assaults (5)
		Michael	Physical injuries serving as reminders of victimization (29)
5.	Sense of Hope/Inspiration/ Determination and Value-Directed Behaviors in the Aftermath of the Abuse Experience	Red	Value-directed behaviors (16)
			Sense of hope (21)
			Inspiration by identification with literature (23)
			Desire to remember the assault (32)
		Albert	Sense of determination (18)
			Perception of difficulties as opportunities (27)
			Sense of hope (33)
		Mr. Gay	Cognitive shift/renewed self-confidence preceding recovery from harassment experience (29)

6.	Previous Experiences of Homophobic Abuse	Red	Past abuse experiences (17)
		Albert	Earlier experiences with homophobic abuse (6)
		Mr. Gay	Past encounters with homophobia (43)
7.	Feelings of Sadness, Depression, and Despair Subsequent to the Abuse Experience	Red	Sadness/despair (20)
		Michael	Poor self-esteem (17)
		Mr. Gay	Depression/mental disorganization (21)
			Mourning loss of earlier life/ world (32)
8.	Sense of Uncertainty and Confusion Regarding the Abuse Experience	Red	Uncertainty (25)
			Uncertainty about police attitudes (42)
		Albert	Sense of confusion and uncertainty (26)
		Mr. Gay	Uncertainty/self-questioning (6)
9.	Reluctance to Think About the Abuse Experience or to Discuss it With Others	Red	Avoidance of the memory of the assault (30)
			Reluctance to rely on others for assistance (37)
		Michael	Reluctance to rely on others for assistance (9)
			Attempt to continue with life as usual after the assault (11)
			Reluctance to discuss the attack (14)
			Belief that reporting to police would be futile (25)
		Mr. Gay	Reluctance to access some local support services (23)
10.	Reflection on or Change in Own Sense of Identity Subsequent to the Abuse Experience	Red	Alteration of presented identity (31)
			Sense of stagnation/ disconnection (36)
		Michael	Change in sense of self (34)
		Mr. Gay	Deep self-reflection (27)
			Gayness becoming the central aspect of one's identity (31)
			Mourning loss of earlier life/world (32)
11.	Changed Social Relationships and Social Withdrawal Subsequent to the Abuse Experience	Red	Social withdrawal (33)
		Michael	Social withdrawal (12)
			Changed social relationships (36)
		Mr. Gay	Accumulating sense of social isolation (8)

12.	Confidence in and Positive Attitude Toward the Police	Red	Positive feelings about the police (35)
		Albert	Confidence in the police (9)
		Michael	Belief in the importance of reporting to police (26)
			No fear of negative police response (37)
13.	Negative Feelings for and Attitude Toward the Gay Community	Red	Disappointment with the gay community (40)
			Negative attitudes toward other gays/the gay community (41)
		Albert	Contempt for some victims of homophobic abuse (23)
			Negative attitudes toward other gays/the gay community (35)
		Mr. Gay	Perception of the gay community as disorganized/ undeveloped (45)
14.	Negative Attitude Toward and Expectations of Police	Red	Uncertainty about police attitudes (42)
		Michael	Belief that reporting to police would be futile (25)
		Mr. Gay	Negative attitude toward/ expectations of the police (22)
			Socialization within the gay community producing expectations of police hostility (46)
15.	Belief that Others Might Lie or Fear that Others Might Think One Had Lied About Encountering Homophobic Abuse	Red	Fear that others might think one lied about the assault (43)
		Albert	Belief that others might lie about encountering homophobic violence (34)
		Michael	Fear that others might think one was lying about having been assaulted (31)
16.	Homophobic Abuse or Injuries Related to Homophobic Abuse Affecting Working Life	Albert	Abuse affecting working life (2)
		Michael	Physical injuries affecting working life (41)
		Mr. Gay	Harassment affecting professional life (1)

17.	Sense of the Wrongness, Unfairness, and Injustice of One's Experience	Albert	Sense of wrongness/ unfairness (15)
		Michael	Sense of wrongness/injustice (15)
			Assertion of innocence and self-worth (28)
		Mr. Gay	Sense of wrongness/injustice/ unfairness (30)
18.	Increased Caution and Self-Protective Behaviors Subsequent to the Abuse Experience	Albert	Increased caution/self-protective behaviors (19)
		Michael	Behavioral changes/coping efforts (13)
			Changed social relationships (36)
		Mr. Gay	Personal/behavioral coping efforts and "self-therapy" (14)

Descriptions of the Common and Important Themes

Each of the common and important themes identified is discussed with reference to the broader, shared aspects of the theme, experienced by all co-researchers who reported it, and to examples of specific contributions of individual research participants to the theme's conceptualization.

Common Themes

1. Sense of Isolation, Lack of Needed Help, Exposure, and Personal Violation

Each of the co-researchers indicated that their experience of anti-gay violence or verbal abuse included feelings of loneliness, profound aloneness, and an unpleasant sense of having unwillingly become the centre of attention for an inscrutable and extremely hostile audience. As Michael described his experience, "As far as feelings...isolation and just...I felt like I was the only human being on the planet, you know? And even if I could yell out, for help, or something, no-one would be there for me." The sense of infringement of the individual's privacy encompassed by this theme is exemplified by Mr. Gay's statement, "Because now...I was basically outed...or, feeling outed." Finally, Red typified this theme's impression of having been singled out when he stated, "and I'm thinking, 'you'd probably have done the same thing that entire bus did, just sat and watched and let it happen.' Think, 'thank God it's him and not me.'"

2. Feelings of Shame and Embarrassment

A second essential aspect of the co-researchers' experiences was a feeling of failure, self-blame, personal deviance, and generally lowered self-esteem. This seems to have been related both to having undergone victimization, generally, and to having been targeted because of being gay. Red's comments emphasized this theme's sense of failure to be appropriately strong and self-protecting when he stated, "...people don't want to be seen as weak, and if they give into emotion...it shows as a sign of weakness. You should be strong, you should be tough, you should be iron-clad, tough as nails." Albert's description made clear his feelings of embarrassment and reticence related to the revelation of his sexuality when he said, "So I was hospitalized...under the auspices that I'd gotten into a fight, because I didn't want anybody to know it was a gay thing. I was not about to tell anybody that somebody had attacked me simply because I was gay." Finally, Michael's experiencing of feelings of self-blame and personal diminution were clearest

when he stated, "I guess...deep down, I kind of...felt like I was less of a person because this happened to me, and I kind of felt weak...."

3. Feelings of Anger and Resentment for the Abuser(s) and Others

The co-researchers were unanimous in their description of feelings of anger and bitterness as a part of their encounter with homophobic abuse. Their accounts range from portrayals of rather philosophical indignation and discontent through to smoldering rage and an enduring desire for violent revenge. The variability in degrees of anger is apparent when Michael's statement that he was "...just angry that stuff like that [anti-gay violence] happens, at all," is compared to Albert's desire, "to send a couple of guys that I knew out there, to beat their heads in, put them in the hospital for a couple of months, broken ribs, broken arms. Say, 'here, you fuckers, take a little taste of what you give out.'"

While their wrathful feelings were most typically directed toward those who had abused them directly, some co-researchers also felt a great deal of resentment and animosity for other individuals. Red, for example, expressed significant rage toward the bystanders who had failed to come to his assistance. In reference to one of those people he said, "I'm thinking, 'you idiot! You hypocrite! You help me now, but where were you two seconds ago? Five seconds ago?'" Albert also felt significant anger for those gay men who fail to report instances of hate-motivated violence to the police. He said, "...people tell me... 'oh, I got beat up the other night.' 'Did you phone the police?' 'No.' 'Well, then I don't give a shit. Tell somebody that cares....'"

4. Sense of Powerlessness, Restriction, Oppression, and Loss of Control Over One's Own Life

All of the co-researchers reported experiencing strong, uncustomary feelings of loss of freedom and ability to direct their own lives; outside manipulation, oppression, and control; and personal powerlessness, impotence, and ineffectuality as an aspect of their encounters with anti-gay abuse. At several points during his interview, Mr. Gay likened his sense of being controlled to what it must feel like to be held as a hostage. He said, of his encounter with persistent, ongoing verbal abuse, that

> ...it just didn't seem like I could live anymore. It felt sort of like I had been sequestered and...if I behaved myself, it was not going to be a problem, but I was not to, sort of, function. So I felt very hostaged, I felt very confined, I felt very much like I would not be free.

Michael's comments expressed the disturbing atypicality of his loss of control where he stated, "I simply felt...completely powerless and...I usually like to think of myself as...a pretty strong person, who's usually in control of what I'm doing and what's going on around me. And I had no control, whatsoever...." Earlier, he reflected on the possible linkage between the difficulty he felt enduring such oppressive manipulation and a sense that he had failed to fulfill the gender role expectations usually assigned to Canadian men. Michael said, "...for a guy that's [feeling overpowered and defenseless is]...something really hard to deal with. Actually, I think guys have that attitude...that men should be able to take care of themselves. And I couldn't. There was nothing I could do...."

5. Sense of Shock, Surprise, and Violation of Personal Expectations

Of all of the common themes derived from the co-researchers' accounts, the sense of shock, disbelief, violation of the normal, and of being confronted by the unexpected was the most pervasive. Red expressed intense surprise when he realized the extent of his injuries. He said, "I guess for all intents and purposes I just went into shock. I'm thinking, 'oh my God. I'm hurt. I'm swelling. My one eye's closed. I'm bleeding.'" Albert indicated that he had thought of the site of his assault as a safe place, until his attackers unexpectedly confronted him there. He said that, "I'd walked there hundreds of times. It [his car] was always parked there. So, I didn't see any reason for feeling any fear of walking out that back lane." Michael gave voice to both of this theme's surprise and violation of expectation aspects when he stated that, "[I was] very surprised and shocked. I wasn't expecting it, at all. You know, you always say, when something bad happens you kind of get that sense that...something's not right...and I didn't expect a thing." Finally, Mr. Gay mentioned an intense sense of shock and disbelief that he experienced when his abuse began. He stated that

> ...it was literally like being thrown off a building and hitting the floor. It was literally how I felt. It was just, sort of, a surprise.... Like, 'is this really happening?' This kind of total disbelief, that this even existed. But yet, it did. I mean, I knew it did. But, it was that sort of questioning of whether or not did this really happen.

6. Feelings of Fear and Insecurity

Each of the co-researchers reported feelings of fear and terror as very salient features of their experience of anti-gay abuse. This was the case both during their direct encounters with their abusers and for some time afterward.

Describing his feelings during the violent homophobic assault to which he was subjected, Red said, "I actually thought 'oh my God, this is it. I'm toast. I'm history.'" The threatening telephone calls that Mr. Gay received also produced intense feelings of dread. He stated that,

> I was just terrified.... The first couple of phone calls were just, kind of, bothersome. And then they escalated, and they got worse, and worse, and worse.... Terrified more...because I was scared that...if somebody actually did something, who on earth was I going to call? And could I get out? ...Would they go that far? ...Would they go to the point that they would actually have...a beating going on?

Even months after their encounters with abuse, the co-researchers' fears often persisted. Albert noted, "it [the abuse] has made me terrified, leaving the store, late at night, on many occasions since." Similarly, Michael described his lingering sense of unease and discomfort as follows: "...walking at night alone...is...a huge fear. It's something I think about...when I'm by myself, in an area I'm not familiar...I think...if I see someone across the street, 'oh my God, is he going to come at me?'"

7. Theory Building and Contemplation of and Need to Understand the Abuse Experience

The seventh theme expressed by all of the research participants was the experiencing of a persistent desire to contemplate the abusive encounter, to consider how the outcome of the situation might have been changed if one had acted differently, to devise explanations for why the abuse took place, and to resolve feelings of uncertainty and insecurity arising from the experience. Michael's musings included a strong sense of the injustice and inappropriateness of his assault when he remarked that, "I think of myself...as a nice person and someone who doesn't deserve to be treated like that, so...I don't know why someone would do that.... Just because?" Later, he noted his own efforts to think through the encounter and to find things that he might have done differently. He stated,

> ...I was, I guess, looking for something that I did wrong.... Something I did, maybe to ask for it.... I remember...for a couple of days afterwards...trying to go back in my head and remember how things happened...step by step and analyzing what you did and what you didn't.... 'Maybe I shouldn't have done this here.' You know? I guess you kind of go back and second guess yourself.

Albert had a well-developed theory that explained his abusers' actions as efforts to disown or attack their own incipient homosexuality. He commented that

> ...it's usually somebody who is put up to the phone call. That person has been found to have a copy of...a gay tape, or whatever. And they're put up to make a phone call.... ...Someone in a group who is not sure of his own sexuality will be put up to a contest by friends to show that he's really a man, that he's not gay.

Finally, Mr. Gay indicated how his having been targeted for abuse produced feelings of intense uncertainty and self-questioning that called for explanation and resolution. He said, "I used to think...'I must be right out to lunch.' Or, 'I've overreacted....' ...I very much...blamed myself, thinking, 'well, if I'd only acted differently at that mass.' Or, 'maybe there's something wrong with the way I act.'"

8. Experience of Social Support After the Abuse

All of the co-researchers reported having been able to rely upon friends and family members for help and support in the period immediately following their encounter with abuse.

Michael recalled how much he had needed and appreciated his friends' practical, instrumental assistance while he was recovering from his physical injuries. He said that, "...someone at work had to know [about his injuries]...one of my friends. And she was there, helping me out, all the time. Things I couldn't do, physically, she would do for me.... So, it was kind of cool."

Generally, however, the co-researchers' comments focused upon the great value they attached to the wide-ranging emotional support given to them by their friends and families after the abuse. Red simply stated that, "If it wasn't for her [a close friend], I wouldn't be alive." Mr. Gay said, "...I had some very good friends that were very, very involved and very much participated in ensuring that I was O.K. and getting through this." Finally, Michael emphasized the gratitude he felt toward and sense of security he experienced among a close and highly supportive group of friends. He recalled,

> ...I think, kind of, I felt, anyway, after my incident, that there was people watching out for me, you know? Like, we kind of look after each other. If something's going on that isn't right, you don't just have one person to deal with, you have a whole group to deal with....

9. Physiological Reactions and Medical Problems After the Abuse Experience

The ninth essential thematic cluster includes bodily changes of all kinds that the co-researchers related to their abuse experience. These phenomena may be divided into two more precise sub-groups: physiological effects noted during the encounter with homophobic abuse and medical problems arising as a direct consequence of or sometime after one's experience.

Several of the co-researchers noted that the onset of their encounter with homophobic violence or verbal abuse was accompanied by such bodily states as tension, hyperalertness, shaking, an adrenaline rush, and a change in temperature. As Red said, "when they started hurling the language and the insults and everything, my first reaction was to tense up and get ready for anything." Michael recalled, "well, the minute he grabbed me, I got...a total adrenaline rush.... I remember...every muscle in my body just tensing, everything. All my...abdominals, everything. ...And I was just waiting for him to hit me." In reference to his first exposure to anti-gay verbal abuse, Mr. Gay said that, "I can still, to this day, vividly remember the tremors in my body and...feeling really, really hot and...my heart just pounding...."

After having been subjected to homophobic abuse, the research participants noted other physiological events, some clearly caused by their injuries (if any) and others of a more lingering, protracted nature, often apparently unrelated to bodily trauma. Immediately after having been assaulted, Red recalled that, "the entire side of my face...was completely numb. I didn't even feel the first blow hit me. I guess, as a result of that first blow, the side of my face just went numb, because I didn't feel any of the hits after that." In the longer term, Albert reported that, subsequent to receiving an anti-gay death threat,

> I was actually sick for several days after that, after I went to the police. I came back and went to work that day, and I took the next four days off. I felt pretty sick. Physically sick.... ...Yeah, there was a "kick' after it was over.

Similarly, as his long experience with homophobic verbal harassment persisted, Mr. Gay noted that, "I became, medically, not well.... So for about...a year into this whole...process, I became quite sick.... I mean, my sleep was interrupted, I was not physically active,...I couldn't eat properly...."

10. Changed Social Awareness, Perspective, and Behaviors and Increased Desire to Help or Protect Others After the Abuse Experience

This multifaceted thematic cluster includes a broad but interrelated array of changes in aspects of social experience related to the co-researchers' encounters with anti-gay abuse. These transformations in social sensitivity, outlook, and conduct might involve refinements or intensifications of preexisting ways of being among others, or they could consist of fairly shocking turnabouts. The changes were sometimes perceived as positive and growth-related, sometimes as unwelcome and disappointing.

Mr. Gay indicated that his encounter with abuse led him to direct a great deal of energy to trying to understand other people's attitudes. He said, "I literally began to...watch everybody. Everybody.... I was so, sort of ultra-sensitive to everything, and I'm already sensitive anyway.... I became sort of...paranoid." He went on to say that, "I guess my associations with people sort of changed in the sense that I think I felt the world differently. I think I perceive the world differently. I think it has different connotations to me now." Mr. Gay seemed, ultimately, to gain a greater sense of social responsibility from his experience. He stated that, "I think it's [his entire experience is] about the responsibility that we have, ethically and socially, that when...things like this happen...we don't just sort of say, 'well, it's somebody else's problem. It's not really my issue.'"

Albert's experience seemed to carry, for him, more community and political connotations. He noted that,

> ...the ones that came before [earlier homophobic assaults], I wasn't really out of the closet...and I sure wasn't doing what I'm doing in the gay community today.... So, the attack comes now, it's a different kind of attack. Because I'm also representing a group of people within the community. When they're attacking me, they're attacking that group, collectively.

He also expressed an increasing drive to work toward positive social change, in both political and personal spheres. At the broader level he contemplated social action, saying, "we can't legislate hate out of people's hearts, but at least we can start by getting those people who are tolerant to join forces with us and say, 'let's stop this....'" Speaking more

personally, Albert noted that his relationships with friends and co-workers had changed. He stated that he worked at "...talking to them about being more careful about where they were walking.... 'Don't be walking home alone. Walk with someone.' And, being a little tougher that way. Where I wasn't before."

As was touched upon in each of the preceding examples, an important aspect of this cluster is an increased desire on the part of the co-researchers somehow to use their experience to help others. Red said,

> I'd even go out of my way to help other people.... It could be that there's other people who have had similar attacks on them and they bury it, as well. And I saw how burying it was, basically, destroying my life.

Michael described how he hoped his participation in this research project might help others:

> I guess, through my doing this, I'm kind of accomplishing the same thing [as reporting the incident to the police].... In the sense that by going to the police and filing a report...it's heard about.... I'm hoping that the information that I'm giving you will be used in some way...to help other people....

11. Feelings of Pride in One's Own Gayness and in the Gay Community

Another essential theme derived from the co-researchers' interviews was a sense of hard-won and defiant pride in their own gay identity and in the gay community, however they defined it.

Regarding his feelings of personal self-respect and esteem, Albert described his perception of homophobic acts as attempts to force him (and other gay people) to live closeted, covert lives. He continued, proudly and angrily, saying, "but there's no way I'm going back in the closet for some homophobes in this province. It just makes me more out of the closet, more activist than ever." Michael reflected that, "I've always been brought up to be proud of who I am and...what I stand for. And being gay was no different.... I'm gay, and I'm very proud of that, and I think everyone should be."

The co-researchers also noted their positive attitudes toward the broader gay community and their contentment affiliating with other gay people. Mr. Gay remarked that,

> ...when I think back to those times [of anti-gay verbal harassment] I think I certainly respect more the...people who have been very, very vocal about their

> homosexuality. I very much respect them. I have a sense of, 'my God. What are they doing for our whole cause.' I mean, what an enormous amount of impact they have.

At a more personal level, Michael said, "the gay community, in general, has...been very good to me.... I've made a lot of really good friends and met a lot of really quality people...."

12. Sense of Personal Growth, Learning, and Maturation Subsequent to the Abuse Experience

All of the co-researchers indicated that their experiences with homophobic violence or verbal abuse ultimately led them to a sense of increased personal strength, resourcefulness, competence, and understanding. Once the abuse was past and they were able to look back upon and consider the entirety of what they had gone through, each of the research participants felt that theirs had been a learning, growth-promoting experience, despite its extreme aversiveness. Red evaluated his experience saying, "and since this actually happened, I had to do a lot of growing up, inside.... ...Now that I've been there, it's like my whole way of thinking has changed, matured." Similarly, Mr. Gay stated that, "...I see a lot of positive came out of it. I think I'm stronger.... ...I know that I wouldn't allow somebody to do that kind of thing anymore. ...That I wouldn't allow myself to be victimized like that again." Finally, Michael summarized these changes in his life as follows:

> ...I've been feeling that I've grown up a lot and come to a lot of realizations.... And when challenges...confront me, I just...I feel stronger about...giving all I have to go through with things. And I...know I'm a fighter...deep down, so...it's kind of cool.

13. Previous Awareness of the Occurrence of Homophobic Violence and Discrimination

Another aspect of their experience that was described by all four of the co-researchers was an awareness (pre-dating their own encounter with homophobia) that anti-gay violence and verbal abuse were real dangers and that such abuse did, sometimes,

occur. This awareness arose both from earlier, personal experiences of homophobic abuse and from accounts in the popular media or through social contacts.

Red indicated that his awareness of anti-gay discrimination came from both media sources ("I heard about the bashings in papers and magazines") and from the treatment he received in his own family. Referring to the latter of these, he said,

> ...I probably know the kinds of attitudes that those kids [who assaulted him] were brought up with...because I was brought up with the same attitudes. '...They're sick, they're perverted, they need help.' Every possible evil thing you could say, about a gay man, was basically preached at me constantly.

Albert indicated that he had faced homophobic violence on several different occasions. He stated that, "it's happened four times where I was actually physically kicked, had the shit kicked right out of me, and called all kinds of names, or a knife was used, to stab me." Michael remarked that the accounts passed onto him by his gay friends led him to expect anti-gay abuse. He said,

> a lot of my friends...when they were my age, getting beat up was...more so a fact of life than...it is nowadays. I guess I just, kind of assumed that if you're gay, sooner or later...it's going to happen to you.

Finally, Mr. Gay commented that past encounters with homophobic police officers brought him to expect anti-gay attitudes and behavior. He stated that,

> it's [his attitude is] based on past experience.... I mean, I remember being 16 and 17 and having...police officers make comments about me or about friends that I was with at the time, or having them kind of, 'oh, there's the fruits,' or whatever.

14. Difficulty Fully Accepting and Valuing One's Own Sexuality

Although all of the co-researchers identified feelings of pride in their own gayness and in their gay community (see common theme #11) as aspects of their experience, they were also unanimous in describing past or ongoing difficulty reaching a sense of complete happiness with and comfort in their own sexuality. Referring specifically to the period of the encounter with homophobic abuse, Michael indicated that, "...after the incident happened, I kind of almost felt...ashamed to be gay.... I think I...felt like less of a person because I was gay. And that...if I wasn't this wouldn't have happened to me." Similarly, Mr. Gay stated that, "...I always felt like it was just O.K. to be gay, initially. But I think I

lost that when I went to [the town where he was abused]." Considering the entirety of his experience and all of the time since, Red said that,

> it's [being gay is] part and parcel of who I am.... ...Especially something as big as 'you're gay,' you don't suddenly, boom, take it in all at once, and everything's hunky-dory. It's like a step-by-step process. I'm more comfortable with myself now than I was a year ago, or two years ago.

15. Changed Type and/or Degree of Openness About One's Own Sexuality Subsequent to the Abuse Experience

A final essential component of the abuse experience involved a change in the extent to which the co-researchers concerned themselves with whether or not other people knew they were gay and an alteration in the strategies they might employ to control the flow of this information.

In some cases, an encounter with anti-gay abuse may have been associated with a subsequent restriction of information regarding one's sexuality. As Albert noted, "...the violence itself probably had a lot to do with how late I came out. Pretty terrified. The main thing I wanted to know when I came out was that I was going to be safe." Relatedly, Michael simply stated that, "I think, before the incident, I might've been a little...too out...."

Conversely, experiences of homophobic abuse were sometimes described as being linked to a greater degree of openness about one's own gayness. Mr. Gay remarked upon the changes in his own attitude, saying,

> after this all happened [the abuse], I would say it was only about a two or three month period where I...wouldn't talk about it. At the same time,...I talked about it with some people.... Those were people that I felt like I could trust.... And then, after that, as it got more aggressive, as it got more difficult, I became more out. And then, as I went along...I became more out with each...assault. It sort of brought me out further, and further, and further.

Red summarized his changed openness and related feelings about himself saying,

and now...I don't care if people see me coming and going out of the [gay] bar.... This is who I am.... If you accept me for who I am, great, fantastic. If not, I can't do anything to change your mind.

Important Themes

1. Self-Blame and a Sense of Failure Regarding the Abuse Experience

Three of the co-researchers mentioned feelings of defeat, deep disappointment, and self-recrimination associated with their encounter with homophobic abuse. Red recalled berating himself for not preventing the abuse from occurring, saying, "...and looking back now,...I should have seen it coming. I should have done something to prevent it." Michael described undergoing a period of sharp self-blame and loss of self-esteem immediately after having been assaulted. He said, "I'd say for a good two weeks [after the abuse] I felt like, just this skinny little weak runt [laughs] who couldn't defend himself." Finally, Mr. Gay discussed a part of his overall experience when he came to blame himself for having been harassed at all. He remembered thinking, "'well, I've chosen the wrong career, because I'm gay, and I shouldn't be in this career.' And eventually I started to buy into that....I mean, for a long time I blamed myself."

2. Memory and Perceptual Alterations and Flashbacks

Another characteristic of the experience of homophobic abuse mentioned by some but not all of the co-researchers was some kind of alteration in sensory perception or memory. This theme includes several diverse but related elements. Red reported a short period of lost memory, saying,

> I asked one of the passengers if he could find the driver.... The next thing that I consciously remember is I'm lying on my side,...on the seat, and two of them [his attackers] are pounding away at my face and at my head.

Albert described both memory loss and sharpened and intensified recall for different aspects of his experiences. In one case, he stated that, "...I was beaten so badly that I don't remember how I managed to get from where I was beaten to my office four blocks away...." While in his most recent encounter with homophobic abuse, he believed that, "...it sharpened and focused a lot of earlier memories, where I came face to face with these same kinds of people [his abusers]."

3. Sense of Closeness to Death and Realization of One's Own Mortality

Another important aspect of the co-researchers' experiences was a disturbing and sobering realization that one had been in serious danger of being killed. The co-researchers' initial deep startlement and horror was often followed more slowly by an amazed, sometimes almost disbelieving confrontation of one's own finiteness and mortality. Red described his thoughts and feelings as he became aware of the seriousness of the danger he was in as follows: "I'm only 28. I mean, I haven't lived the greatest life, but...I feel like...I still have work to do. I'm here for a reason. I'm not meant to go [sighs]...."

4. Physical Injury

As might be expected in those cases involving violent physical assaults, several of the co-researchers reported that bodily injury was a highly prominent and significant component of their experience. Red emphasized the intense fear he felt upon discovering the extent of his own injuries, saying,

> swollen, bleeding....some from in the ear, some from behind the ear. This side of my face [indicates left side] was just puffed out. My eye wasn't completely swollen shut, but I had trouble opening it. For about a month and a half later, my left eye was just red, bloodshot.... ...The doctor said....I would either lose movement, lose sight, or lose the eye altogether. And that, also, really scared me.

In contrast, Michael focused more on how his injuries affected his day to day life after the assault. He said,

> ...for a good week and a half, I was black-and-blue. And...going to work every day was, pretty much, torture.... ...Every time you go to lift something, and it hurts, it [the abuse experience] kind of pops back in your head.... So, I guess that just...amplifies the feeling of being weak. Like, if I was tough, I could just...do whatever I put my mind to, and not worry about the pain, but....

5. Sense of Hope/Inspiration/Determination and Value-Directed Behaviors in the Aftermath of the Abuse

Three of the four co-researchers stated that the later portions of their experience included a resolute, hopeful, and idealistic period of striving toward the realization of positive, constructive change. This theme might involve a sense of hope for and commitment to organized political change, as was the case with Albert. He said,

> people should not be knifed or beaten for being a person. And I had a crusade, I suppose.... And the people in the province are getting to the point where I believe they're going to make that change, to a more tolerant society.

Mr. Gay's sense of determination and of striving for change tended to focus more on standing up to largely indifferent local and workplace authorities and insisting that his rights be properly protected. He recalled that,

> I forced some people to speak to me about the issue....and said, 'this is what's going on, and I can't handle it anymore, and what are you going to do about it?...' ...and, so...pushed a lot of things back on peoples' plates.... ...It was that sense of my own self-empowerment again. That I was going to take charge of the situation.

6. Previous Experiences of Homophobic Abuse

As was outlined at Common Theme #13, "Previous Awareness of the Occurrence of Homophobic Violence and Discrimination," all of the co-researchers were aware that anti-gay abuse was a social reality. Three of the four research participants also reported personal experiences of homophobic abuse on at least one occasion prior to their most recent encounter. Red experienced anti-gay attitudes in his family of origin. He recalled that, "...growing up, I only saw...the instigator's point of view...I was shown how they hate gay people." Later in his life, as Red became involved in prostitution, he encountered more homophobic abuse. He described this period of his life saying, "because of my past history, on the streets...I used to be a male prostitute,...I'm used to being smacked around or verbally degraded." Speaking of past experiences of verbal abuse, Mr. Gay said that he was quite familiar with situations "...where some stranger says to you, 'oh, there's a fag,' or, 'look at those two fags,' or whatever. I've dealt with those sorts of things,..."

7. Feelings of Sadness, Depression, and Despair Subsequent to the Abuse Experience

Three-quarters of the co-researchers recalled feelings of despondency, melancholy, and hopelessness, sometimes including suicidal ideation, subsequent to their encounter with homophobic abuse. Mr. Gay described these sentiments as,

> ...sort of a mourning period, where I mourned...the loss of what I had before. I mean...I was no longer living the life that I once lived. ...Lots of people who I felt were my friends turned out not to be, and lots of people who I thought would be supporters of mine turned out not to be...and so all of these things kind of brought me down into this kind of valley.

Red's feelings of sadness manifested one evening after he had been assaulted while visiting a friend's home:

> [crying] her apartment's on the ninth floor...and I thought, 'why not? One less fag for the world to deal with. One less monster for the world to hate' [indicating that he was contemplating committing suicide by jumping off of his friend's balcony].

8. Sense of Uncertainty and Confusion

A disconcerting sense of the unfamiliarity of the abusive situation and its dangerous, intimidating unpredictability, as well as a state of mental perturbation and bemusement was a significant part of their experience mentioned by three of the four co-researchers. Albert described the interrelationship between uncertainty and fear during a violent assault, saying, "'I don't know what these guys are going to do. Do they have knives?' They might start puncturing wounds in you." He also noted that his state of confusion and mental disarray lasted for some time. He said, "...it was the next day, and I was a bit dazed about the whole thing." Mr. Gay's experience consisted of a very protracted period of anti-gay harassment involving repeated instances of intense uncertainty. Overall, he described this as, "...sort of a cycle of...what would come next, and, 'how do I deal with this?' And 'where do I go?' And 'who do I turn to?'" As his harassment escalated and persisted, he wondered, "what exactly was going to happen?... Who would be in support of me and who wouldn't be in support of me?" Mr. Gay also worried, "...maybe this was going to become dirtier. And I was waiting, you know?...

So, was there going to be another big step? ...That fear element always existed...what would happen next?"

9. Reluctance to Think About the Abuse Experience or to Discuss it with Others

Perhaps as a corollary of feelings of shame and embarrassment (as described in Common Theme #2), many of the co-researchers reported a sense of discomfort with thoughts of their abuse experience and an unwillingness to speak of the encounter with others. Red recalled his own efforts to keep his mind occupied and to distract himself from thoughts of what he had gone through. He stated that,

> ...I just threw myself completely into work....anything and everything. And for a while, I forgot it [the abuse] happened. I forgot it happened.... I stayed away from the bars for a while....just to get away from the gay scene, so I wouldn't have to be reminded, or people wouldn't say, 'oh, your eye looks better,' or, 'did they catch them yet?' or 'how're you doing?'

Michael described his avoidance of discussions of the abuse saying, "...I guess that I was very selective about who I told. Even...telling or not telling certain people the whole truth, you know? Maybe making it less than it actually was, for their sake."

10. Reflection on or Change in Own Sense of Identity Subsequent to the Abuse Experience

Three of the four co-researchers recalled having the impression that their overarching sense of self and personal identity became in some way transformed in the aftermath of their encounter with homophobic abuse. This sense of personal transformation could involve any of a broad array the aspects of self. Michael noted that he came to have a different perspective on himself and his personal efficacy. He described how his experience "changed how I view myself... I used to think of myself as a strong individual, you know?... 'I'm in control. I'm in control....' So...it...seems scary to have an incident in my life where I had absolutely no control." Michael had come to believe that, "...strength has limits and there's always going to be something out there that's stronger than you." Mr. Gay gave more emphasis to changes he perceived in how others viewed him and resulting changes in his sense of himself and his sexuality, saying,

> I was a very, very good teacher...I was very, very involved with the Teachers' Association.... And suddenly...the gay issue falls into the forefront. And now, I'm not any of those things. Now I'm gay. And a teacher. And maybe I'm not as good as people thought.... It [his experience with anti-gay abuse] was the start of a big change in my life...and it made me really reflect...on some real key issues... regarding my homosexuality....

Red's change in his sense of self was, perhaps, the most drastic, involving a fairly radical, but temporary, change in his entire personality. He stated that,

> I changed. I tried to be someone I wasn't. When I step on-stage and perform...people have told me, it's like I'm a whole different person. It's like it's not me up there. And I guess, after the attack, I tried to carry that into everyday life. [Red] got buried under....the shoes, the make-up, the attitude. For a while, he just ceased to exist.

11. Changed Social Relationships and Social Withdrawal Subsequent to the Abuse Experience

The aftermaths of most of the co-researchers' experiences involved a perception of changes in relationships with other people and, in particular, a sense of backing away from and loss of intimacy with social contacts. Red expressed his prevalent social behaviors and attitudes after having been assaulted by saying, "after the attack...I withdrew...I didn't want to see anyone, I didn't want to talk to anyone." Similarly, Michael stated that, "no-one knew what had happened, I didn't want to tell anyone.... I wasn't being anti-social...but...I didn't talk to anyone unless I was talked to." Mr. Gay emphasized his perception of change and decline in his social relationships, remarking that, "...lots of people who I felt were my friends turned out not to be, and lots of people that I thought would be supporters of mine turned out not to be...."

12. Confidence in and Positive Attitudes Toward the Police

A majority of the co-researchers described feelings of trust for and satisfaction with the good will and competence of law enforcement personnel. Red recalled that, "...the police were very helpful. The day after it happened, one of the officers actually called me

and said, 'just wanted to see how you're doing, if you wanted someone to talk to, or whatever....' ...Really gentle, really human...." Albert noted that he had dealt with his local police force on several occasions, and felt that they had always conducted themselves with skill and professionalism. He said,

> the police have been terrific.... ...My experience with the police has been really good.... I've known many cases where the police have dealt with situations [involving gays and lesbians].... Same story, right across the board. The police activity is highly praised....

13. Negative Feelings for and Attitudes Toward the Gay Community

Despite the fact that all of the co-researchers described a sense of pride in their gayness and in the gay community (see Common Theme #11), the majority of the research participants also expressed feelings of disappointment in and frustration, disaffiliation, and even contempt for the organized gay community and other gay people, generally. Red commented on what he saw as gay peoples' destructively cliquish and internecine behavior, saying, "...in my honest opinion, the worst form of gay bashing there is comes from within our own community. ...Just spend one evening at the bar, and you'll see it. Cliques, groups, clusters...if you don't fit in, you're nobody." He also expressed the opinion that gay people, themselves, are responsible for some instances of anti-gay abuse. He stated that, "from what I've seen of the gay community...some of the examples of gay-bashing, we actually bring on ourselves.... [By] forcing...our way of life on them [abusers]...." Albert also mentioned strong feelings of disappointment and frustration in the antagonism he perceived among gay people. He said,

> Gay bashing by gays.... There are several factions within the gay community of Edmonton....[and] I find that...there are so many 'snipers,' I call them, in the community. They snipe at people who have done well in the community, are willing to be very out.

Finally, Mr. Gay emphasized his sense of disillusionment in what he saw as the gay community's unnecessary disorganization and unhelpfulness to its members, saying,

> what about gay people? Where is that community? Is it at the bar?... ...We're not anywhere near where we should be in terms of organization.... ...We need to have people in our community that we can go to and access support.

14. Negative Attitude Toward and Expectations of Police

In contrast to the positive sentiments described in Important Theme #12, most of the co-researchers also mentioned having experienced feelings of fear, mistrust, anger, and/or ambivalence toward police officers. Michael commented that he felt reporting to the police after his assault would have been a waste of time. He said that, "I could have went to the police and wrote out a huge report.... What would it make?... ...It just seemed...pointless." Mr. Gay's attitude toward law enforcement personnel was summarized by his remark that, "I was very apprehensive to approach the police officers." He elaborated, stating,

> ...when I look at police officers in general, and...listen to how they talk, and look at how they act.... I just don't see, I haven't seen an awful lot of police officers that I feel really...comfortable...dealing with.... ...Actually, thinking back, there were situations where kids had called me 'fag' before, in front of the police, and nothing was done about it.

15. Belief that Others Might Lie or Fear that Others Might Think One Had Lied About Encountering Homophobic Abuse

Another theme emerging from most of the co-researchers' interviews is the conviction (or, at least, suspicion) that not all individuals who claim to have encountered homophobic abuse actually have and the worry that other people might not believe one's own account of undergoing such an experience. As Red said, "I guess I was afraid of any possibility of a public outcry or backlash, or whatever.... People on the bus saying, 'well, yeah, that little fairy, he started the whole thing....'" Michael worried more over whether or not the people in whom he confided might doubt his narrative. He stated that, "I think that was the biggest thing I was worried about. What people were going to think of me.... I didn't want people judging me, or calling me a liar...." Albert's comments were focused more on the veracity of other people's claims. He remarked that, "...when I hear people tell stories about their [encounters with] violence, I can tell whether they're lying to me.... [They have done so] many times. Looking for a favor, looking for sympathy, looking for whatever."

16. Homophobic Abuse or Injuries Related to Homophobic Abuse Affecting Working Life

The majority of the research participants indicated that their encounters with homophobic abuse interfered with and had a deleterious effect upon their work or professional lives. Michael emphasized the way the physical pain from his injuries impeded his ability to work. He said, "...going to work every day was, pretty much, torture. And I couldn't tell anyone about it because I knew damned well they'd send me home, and I had to pay my rent, you know?" The work-related impact of Albert's experience had more to do with sharply increased fears and insecurities related to the workplace. He commented that,

> now I actually check, when I go out the door [at work]. I don't open it as wide; so I can close it, and lock it, and get into my car, and get the hell out of there.... And [I try] to change the shifts around so that I'm not there at the times they [his abusers] might think I'm there.

Mr. Gay's professional life was directly involved in his experience with anti-gay abuse. He described some of the long campaign of abuse to which he was subjected as follows:

> first of all they [his abusers] started sending articles to me. At my school [where he was a teacher], in my mailbox, about homosexuals that had changed their sexuality by going for counselling, and doing dumb things.... ...Then...my teacher's assistant would put these magazines and things on my desk in the morning, before I got to work. Then, there began to be incidences involving my students.

As he endured months of continual abuse, Mr. Gay worried a great deal about the effects that his harassment and the involuntary revelation of his sexuality could have on his career. He stated that

> ...the big question became, 'would my administrators be in support of me?' And how were they going to help me?... And how would that affect performance appraisals? And would that affect them if they were giving a reference on another school position?... I was concerned about my ability to pursue a career again.... Was my professional reputation ruined, or not?

More immediately, Mr. Gay wondered

> whether or not something else was going to happen. And what would it be? ...Was the principal going to call me down to the office one day and say, 'well, we're going to terminate you.' Or was I going to be put on suspension?... Or...I was concerned about somebody coming back to me and saying, 'well,...that teacher held me on their lap,' or something.... Would something be made up? Would something be fabricated?

17. Sense of the Wrongness, Unfairness, and Injustice of One's Experience

Three of the four co-researchers described their enduring conviction that the anti-gay abuse to which they had been subjected was somehow, ethically or in a more profound and total sense, wrong, aberrant, and unfair. Albert wondered

> why can't I walk down the street with my boyfriend, hand in hand, and not be laughed at or have someone chuck something at us?... All kinds of experiences...just common experiences, why are all these experiences stripped from us as people?... What did I ever do to hurt this person [his abuser]? I didn't do anything to them. Why would they attack me?

Similarly, Mr. Gay described saying to himself,

> is it fair for me to be a victim of something, because it's my sexuality? Because, nobody would have thought this was O.K....if the priest [who initiated the harassment against Mr. Gay] had gone up and said, 'black people are less intelligent than white people....' ...People would have reacted very differently.

Michael's sense of the injustice of his experience sometimes fired his anger. He said, "I'm angry that it [the assault] happened.... ...It makes me mad, most of all, that...chances are catching them and doing something about it would be nearly impossible...."

18. Increased Caution and Self-Protective Behaviors Related to the Abuse Experience

A final theme expressed by most but not all of the co-researchers was the perception of a change in the individual's own behavior involving heightened defensiveness and efforts to ensure personal security. Mr. Gay emphasized the changes that his experience prompted in his leisure activities and social life. He said,

> [I] didn't like going out into the community to do any of the things I normally did, like run, or ride my bike, or go for walks.... If I...went for a walk, I went with somebody else. If I visited friends, I would visit people out on acreages...where they had some seclusion.... ...I certainly gave things up as I went along. The things I used to do kind of got given up one by one.

Michael described comparable shifts in his personal conduct. In relation to general safety concerns, he commented that, "...after dark, I don't go anywhere by myself, unless I'm in a cab...to walk, I don't feel comfortable doing that any more. In any part of the city...." Referring to interpersonal matters, in particular, Michael stated that

> ...because of the incident, I'm...a lot more cautious. When I meet someone, it's like...I'm looking for things.... Looking for underlying motives, or for something that says, 'this person is a bad person. Don't trust them....' It takes a lot more to gain my trust, these days.

Essential Description of the Experience of Undergoing Homophobic Violence or Verbal Abuse

The following essential description synthesizes the 15 common themes identified into a concise summation of those aspects of the experience of being subjected to anti-gay violence or verbal abuse that were reported by all of the co-researchers. Another version of this description, also including the 18 important themes, was shown to the co-researchers during their validation interviews in order to solicit their feedback on the accuracy of all aspects of the thematic analysis (see appendix I).

Anti-gay violence and verbal abuse were concepts with which the co-researchers were familiar, at least in the abstract, even before their personal encounters with such behavior. The research participants had a pre-existing awareness that homophobic violence and discrimination were real and did, sometimes, occur. Despite this awareness, to actually be faced with anti-gay abuse was a very surprising, deeply shocking experience. The encounter represented a disturbing violation of the individual's personal expectations for his life and world.

The experience of homophobic abuse, itself, and its immediate aftermath were periods of intense emotion and rapid thought. The co-researchers experienced feelings of isolation, exposure, intrusion, and personal violation, including the impression of a lack of needed assistance from others. They went through profound feelings of powerlessness, restriction, outside oppression, and a very unpleasant sense of loss of control over their own lives. The co-researchers had powerful feelings of fear and terror during their encounters with anti-gay abuse, which gradually diminished afterward (involving long periods of lingering insecurity). They felt embarrassed or even ashamed to have been victimized. The research participants also had feelings of anger and resentment that were directed toward their abuser(s); a homophobic society, generally; and other people. Additionally, the experience of anti-gay abuse had a physical, bodily dimension (beyond the obvious threat of direct injury). The co-researchers experienced physiological reactions that included such immediate elements as an adrenaline rush, hyperalertness, and bodily tension and more long-lasting components such as increased feelings of stress and generally poorer health.

In the longer term, other aspects of the abuse experience became manifest. The co-researchers received supportive communications and behaviors from at least some of the social contacts to whom they had confided their experience. They felt driven to contemplate and understand what they had gone through, and devoted significant mental

effort to the process of building explanatory theories and trying to determine why their abuser(s) did what they did and why they had been victimized. Some of the co-researchers' contemplations focused on their own sexualities, as these had become in some sense linked to their encounters with abuse. This included both consideration of current and past struggles accepting one's own sexuality and feelings of defiant, hard-won pride in the individual's own gayness and in the gay community. Relatedly, the research participants' public presentations of their sexualities changed. The character and extent of the co-researchers' openness about their homosexuality were altered, and self-disclosure either increased or diminished.

Finally, in the latest period of the overall experience, the research participants became conscious of their own increased awareness of and sensitivity to social issues. This was accompanied by increased desires to help or protect others (especially other members of the gay community) and to prevent recurrences of the sort of violence or verbal abuse to which the individuals had been subjected. The co-researchers also experienced lasting impressions of personal growth, learning, maturation, and strengthening as they reflected back over the entireties of their encounters with homophobic abuse. The men became aware of the many ways in which they, their lives, and their worlds had changed as a consequence of their experiences.

Feedback from the Co-Researchers

As has been stated earlier, the third phase or validation interviews with the co-researchers were conducted with two principle goals in mind. The first of these was to ensure goodness of fit or congruence between the researcher's descriptions and interpretations of earlier interview data and the co-researchers' accounts of their experiences. Secondly, these final contacts served to test the limits of the co-researchers' earlier descriptions by soliciting comments regarding the relevance of themes raised by other volunteers but not by the individual in question.

Overall, the co-researchers confirmed the comprehensiveness and accuracy of the common theme-based elements of the Integrated Description of the Experience of Being Subjected to Anti-Gay Violence or Verbal Abuse (Appendix I). The co-researchers' comments were all similar to Mr. Gay's statement that the summary "captured my experience very well."

With regard to the important themes that were identified, each of the co-researchers was asked whether and to what extent the themes derived only from other research participants' descriptions accurately summarized an aspect of their own encounter with homophobic abuse. This procedure was undertaken "based upon the presumption that missing aspects of what would otherwise be a common structure [may] have simply been overlooked..." (Osborne, 1990, p. 86). Table 3 sets out the co-researchers' responses to the general question: is this theme representative of an aspect of your experience? Replies are tabulated only for three research participants because the fourth individual, Michael, had dropped out of the study before the validation interviews were completed.

The possibility that the co-researchers' responses during the validation interviews may have been affected by demand characteristics in the research environment will be considered in the next chapter. If taken at face value, the validation interview data suggest that at least five of the important themes identified may actually be common to all of the research participants' experiences. These potentially common themes include #2 (Memory and Perceptual Alterations and Flashbacks During and After the Abuse Experience), #11 (Changed Social Relationships and Social Withdrawal Subsequent to the Abuse Experience), #16 (Homophobic Abuse or Injuries Related to Homophobic Abuse Affecting Working Life), #17 (Sense of the Wrongness, Injustice, and Unfairness of One's Experience), and #18 (Increased Caution and Self-Protective Behaviors Subsequent to the Abuse Experience).

Table 3.

Validation Interview Feedback
Responses to the question: Is this theme representative of an aspect of your experience?

Important Theme #	Albert	Mr. Gay	Red	Possible Common Theme?
1.	No			No
2.		Yes		Yes
3.		No		No
4.		No		No
5.	No			No
6.				No
7.	No			No
8.				No
9.	No			No
10.	No			No
11.	Yes			Yes
12.		No		No
13.				No
14.	No			No
15.		No		No
16.			Yes	Yes
17.			Yes	Yes
18.			Yes	Yes

Note. Blank cells indicate a theme partially derived from this co-researcher's initial interview.

Having now reviewed the outcomes of the data analysis procedure, these results are, in the next chapter, considered in relation to the literature on trauma and victimization. The implications of these results, both for counselling practice and for future research, are also addressed.

Chapter 6

Summary and Discussion

This final chapter begins with a brief summary of this thesis project, from the origins of the research question through to the data analysis process. It continues with interpretations of the study's major findings, including the relation of those findings to the relevant clinical and theoretical literature. This is followed by a discussion of the potential limitations and delimitations of this project. Applications of the study findings to counselling practice and some ideas for future research are considered next, and the chapter concludes with a brief postscript.

Summary

This thesis project evolved out of my interest in answering the question "what are the common and important experiences of gay male survivors of homophobic violence and verbal abuse?" My aim was to go beyond the existing, generally survey and anecdote-based literature to illuminate, by means of a rigorous research methodology, the full richness of the lived-experience of the survivor of anti-gay abuse. I hoped that any insights derived from this work would be of use to counsellors, researchers, and anyone with an interest in better understanding what it means to live through these sorts of traumatic victimizations. My interest in the actuality of the abuse survivor's experience led me to consider a human science-based research perspective, and I ultimately selected an existential-phenomenological approach emphasizing personal meaning and in-depth description as best suited to the task of answering my guiding question. I recruited four gay men, aged 18 and over, who had encountered some form of homophobic abuse within the preceding 12 months as my co-researchers. Each of these individuals participated in a detailed but semi-structured and minimally directive interview regarding their experience of anti-gay violence or harassment. These interviews were recorded and transcribed. Interview transcripts were then divided into discrete and experientially significant meaning units, that were paraphrased into psychological language and assigned a short, interpretive label. Next, each co-researcher's labeled meaning units were clustered into more comprehensive themes. Finally, at a group level, all of the co-researchers' derived themes were clustered into higher-order common and important themes (where common themes were derived from the accounts of all four of the co-researchers and important themes were expressed in only three such accounts). The co-researchers' comments and feedback on

the completeness and accuracy of the obtained common and important themes (as expressed in the Integrated Description of the Experience of Being Subjected to Anti-Gay Violence or Verbal Abuse [Appendix I]) were solicited during a final interview contact.

Interpretations and Implications of the Research Results

The results of this research project, including the Essential Description of the Experience of Undergoing Anti-Gay Violence or Verbal Abuse and the coherent complex of 15 common and 18 important themes identified, comprise both new contributions to psychological knowledge and verifications of or additions to previously explicated concepts.

The Essential Description of the Experience of Undergoing Anti-Gay Violence or Verbal Abuse is, of course, unique to this research effort. Even beyond the irreplicability of the perspective on this phenomenon resulting from this configuration of researcher, co-researchers, time, and place; never before has such a description of the homophobic abuse survivor's experience, arrived at through a rigorous phenomenological methodology, been undertaken. While it was my original intention to emphasize essential aspects of the experience of anti-gay violence or verbal abuse, as this work progressed, I decided that it would be very desirable to give a greater degree of attention to the important, but not truly eidetic structures identified. In accordance with the principle of emergent design already discussed, I came to the conclusion that the important themes that had emerged from the data had too much practical significance to be lightly treated. While the identified important themes may not be relevant to all survivors of homophobic abuse, I believe that they will be of value to many such individuals, their counsellors, and loved ones and to other researchers. My intention is not to de-emphasize the importance of essential aspects of the phenomenon, but rather to acknowledge the value of both the common and important dimensions of the experiences under study.

The common themes (upon which the Essential Description is based) and their important theme counterparts include both theoretically novel and well-established elements. First and most clearly, several of the obtained common and important themes serve to validate the findings of many studies of reactions to violence and victimization, both in general and for those with specific application to the context of homophobic violence and verbal abuse. For example, that the survivors of anti-gay abuse report experiencing strong feelings of fear and insecurity (common theme #6) has been noted or would be predicted by very many researchers from all theoretical perspectives (e.g., American Psychological Association, 1984; Bard & Sangrey, 1986; Hanson et al., 1995; McCann & Pearlman, 1990). Other common and important themes that serve to validate

well-established findings from the general literature on reactions to violence and victimization include the following: common themes #1 (Sense of Isolation, Lack of Needed Help, Exposure, and Personal Violation), #2 (Feelings of Shame and Embarrassment), #3 (Feelings of Anger and Resentment for the Abuser[s] and Others), #4 (Sense of Powerlessness, Restriction, Oppression, and Loss of Control Over Own Life), #5 (Sense of Shock, Surprise, and Violation of Personal Expectations), and #9 (Physiological Reactions and Medical Problems After the Abuse Experience), and important themes #1 (Self-blame and a Sense of Failure Regarding the Abuse Experience), #2 (Memory and Perceptual Alterations and Flashbacks During and After the Abuse Experience), #7 (Feelings of Sadness, Depression, and Despair Subsequent to the Abuse Experience), #9 (Reluctance to Think About the Abuse Experience or to Discuss it With Others), #11 (Changed Social Relationships and Social Withdrawal Subsequent to the Abuse Experience), #16 (Homophobic Abuse or Injuries Related to Homophobic Abuse Affecting Working Life), and #18 (Increased Caution and Self-Protective Behaviors Subsequent to the Abuse Experience) (American Psychological Association; Armsworth & Holaday, 1993; Bard & Sangrey; Briere et al., 1995; Falsetti & Resnick, 1995; Hanson et al.; Janoff-Bulman & Frieze, 1983; McCann & Pearlman; McCann et al., 1988; Miller & Porter, 1983; Perloff, 1983; Wortman, 1983). These extensive commonalties between the identified common and important themes and the documented findings of the general victimization literature suggest both that the co-researchers' incidents (whether involving violence or purely verbal abuse) were all experienced as truly traumatic events (McCann & Pearlman) and that reactions to hate-motivated, anti-gay abuse are at least similar to and share common basic elements with reactions to trauma in general.

One sub-group of interrelated common and important themes is quite suggestive of processes outlined in both cognitive and humanistic-existential theories of reactions to traumatic life events. The themes of interest include common themes #5 (Sense of Shock, Surprise, and Violation of Personal Expectations) and #7 (Theory Building and Contemplation of and Need to Understand the Abuse Experience) and important themes #8 (Sense of Uncertainty and Confusion Regarding the Abuse Experience), #10 (Reflection on or Change in Own Sense of Identity Subsequent to the Abuse Experience), and #17 (Sense of the Wrongness, Unfairness, and Injustice of One's Experience). Taken together, they could be interpreted as the process of a survivor of homophobic abuse experiencing an initial sense of shock, violation of expectations, and confusion followed by a growing discomfort with the perceived wrongness and injustice of what one has been subjected to, a period of explanatory theory building, and (perhaps) an eventual sense of redefinition and changed identity. Cognitive theorists (e.g., Freedy & Donkervoet, 1995; McCann &

Pearlman, 1990; McCann et al., 1988) would predict exactly this sort of sequence of events as a trauma survivor endured a very jarring and dissonant life event and then struggled to fully assimilate or accommodate the experience into their relevant, existing cognitive schemas. The humanistic-existentialists (e.g., Frankl, 1959; Lantz, 1996) postulate a very similar posttraumatic psychological process, but put greater emphasis on the later phases of the search for personal meaning in the victimization experience and the restructuring of one's life through the actualization of those meaning potentials. While both cognitive and humanistic-existential theories seem quite congruent with this group of themes, it is interesting to note that a humanistic-existential interpretation of them (e.g., Lantz) would lead one to expect precisely those personal transformations reflected in the next thematic grouping.

A third noteworthy group of common and important themes seem indicative of a process generally referred to as growth through crisis or posttraumatic growth (PTG) (Tedeschi, Park, & Calhoun, 1998). Common themes #10 (Changed Social Awareness, Perspective, and Behaviors and Increased Desire to Help or Protect Others After the Abuse Experience) and #12 (Sense of Personal Growth, Learning, and Maturation Subsequent to the Abuse Experience) and important themes #5 (Sense of Hope/Inspiration/Determination and Value-Directed Behaviors in the Aftermath of the Abuse) and (to a lesser extent) #10 (Reflection on or Change in Own Sense of Identity Subsequent to the Abuse Experience) are all suggestive of the concept (most closely associated with the humanistic-existential psychological perspective) that a survivor of victimization is capable of finding opportunities for growth and more meaningful ways of living in enduring their experience of trauma. Indeed, the co-researchers' reports of changed perspectives, increased desires to help and protect others, and feelings of hope and determination are strikingly reminiscent of Lantz's (1996) logotherapeutic concept of "self-transcendent giving to the world." Given that some of the authors mentioned in the Literature Review chapter (i.e., Blum, 1986; Potter, 1987) suggested that PTG was rather uncommon, it is interesting to note that all of the co-researchers in this study reported some sense of personal growth, learning, and maturation. Whether this discrepancy is attributable to genuinely superior adjustment outcomes for these individuals or to factors such as the social desirability of responses or varying conceptualizations of "growth" is an issue to be addressed by future research.

Another particularly hopeful and positive theme reported by all of the co-researchers is common theme #8 (Experience of Social Support After the Abuse). All of the research participants indicated that they had friends and family members whom they experienced as helpful and supportive significantly present in their lives after their encounters with abuse. The group was also unanimous in expressing the great importance that they attached to this

assistance and the gratitude that they felt toward their supporters. Given the similar, considerable significance attributed to the mobilization of social support networks in the immediate aftermath of trauma by psychologists of all theoretical schools (e.g., American Psychological Association, 1984; Bard & Sangrey, 1986; Garnets et al., 1990; McCann & Pearlman, 1990), it might be interesting to further explore the potential linkage between this factor and the high reported rate of posttraumatic growth previously discussed.

The next group of common and important themes seems particularly related to the co-researchers' sexualities and their attitudes toward their sexualities. It includes common themes #11 (Feelings of Pride in One's Own Gayness and in the Gay Community), #14 (Difficulty Fully Accepting and Valuing One's Own Sexuality), and #15 (Changed Type and/or Degree of Openness About One's Own Sexuality Subsequent to the Abuse Experience) and important theme #13 (Negative Feelings for and Attitude Toward the Gay Community). What implications follow from these apparently contradictory themes? Gay people's feeling pride and self-acceptance (common theme #11) has been argued to be positively correlated with positive mental health indicators (Hershberger & D'Augelli, 1995; Romance, 1998) as (generally) has their affiliation with the gay community (Berzon, 1988; Nungesser, 1983; Troiden, 1989). Difficulty accepting and valuing one's own sexuality (common theme #14) and negative feelings for the gay community (important theme #13) however, are quite suggestive of the internalized homophobia construct that has been strongly associated with impaired psychological functioning and adjustment in gays and lesbians (Alexander, 1987; Meyer, 1995; Walters & Simoni, 1993). I believe that the best interpretation applicable to this group of themes is that the periods of time following the co-researchers' experiences of violence and verbal abuse involved intense change and fluctuation and a cognitive and emotional focusing on the individual's sexuality. At different times throughout the overall experience and to differing degrees, the research participants felt pride in their gayness and also felt ashamed of it. They respected and esteemed the gay community, and yet were often frustrated by what some saw as its dividedness and disorganization. It is my impression that the most appropriate conclusion to be drawn is that issues of self-acceptance, openness about one's sexuality, and community affiliation became highly salient to all of the co-researchers and required a great deal of cognitive and affective processing after their encounters with anti-gay abuse.

Another two of the identified common and important themes concern the co-researchers' awareness of and previous experience with homophobic violence and verbal abuse. Common theme #13 (Previous Awareness of the Occurrence of Homophobic Violence and Discrimination) and important theme #6 (Previous Experiences of Homophobic Abuse) serve to validate those social-psychological aspects of the hate crime

literature involving assertions that members of the gay community as a whole are fully cognizant of the constant threat of homophobic violence under which they live their lives and, by extension, of their continuous vulnerability (D'Augelli, 1992; Herek, 1989; Roberts, 1995; Stermac & Sheridan, 1993).

Two clearly contradictory themes touch upon the co-researchers' feelings for law enforcement personnel. Important themes #12 (Confidence in and Positive Attitude Toward the Police) and #14 (Negative Attitude Toward and Expectations of Police) plainly delineate the research participants' ambiguous attitudes toward police forces. Whether the men had personally experienced unprofessional or abusive treatment at the hands of the police at an earlier date (e.g., Mr. Gay) or were simply fearful of such an occurrence (e.g., Red), the possibility of this secondary victimization (American Psychological Association, 1984; Bard & Sangrey, 1986; Berrill & Herek, 1992; Ehrlich, 1990) was obviously a serious concern, despite the co-researchers' coterminous positive memories and impressions of the police.

Finally, a novel and unexpected theme that emerged from the data analysis process was the co-researchers' belief that others might lie or fear that others might think they had lied about encountering homophobic abuse (important theme #15). This finding seems somewhat incongruous with the research participants' own acknowledged familiarity with the relative commonality of acts of anti-gay abuse, discussed earlier. It might be interesting to explore in detail the reasons for the co-researchers' fear of being disbelieved. Additionally, it is noteworthy that, in the clinical literature, considerable therapeutic importance is attached to the sharing and discussion of experiences of adult or childhood sexual abuse or assault (e.g., Bass & Davis, 1994; Carson & Butcher, 1992; Mezey & King, 1992). Further research into the personal significance of the disclosure of one's experience of homophobic abuse to others and its possible relevance to the recovery process could also be of value.

Limitations and Delimitations of the Study

The existential-phenomenological research methodology utilized in this study was selected because it was believed to be the best suited to answer the question guiding this project: what are the common and important experiences of gay male survivors of homophobic violence and verbal abuse? While this chosen approach may be the best available to answer the research question, it is still important to consider the potential methodological limitations of this project and to acknowledge the boundaries or delimitations of what was attempted here.

First, in terms of delimitations, a deliberate choice was made to recruit only adult gay males as research participants. While input from young people and lesbians may have differed from that of the men ultimately selected and could have produced different results, it was decided to exclude members of these groups for several reasons. In general, I believed that, as a gay male, I would best be able empathetically and thoroughly to interview and then interpret the descriptions given by other gay men. In addition to this presumed greater consonance of life-worlds and perspectives, I felt that a more broadly selected group of participants could involve too much homogeneity of experiences and might cause a dissipation of empathic resonance for the results obtained. With respect to young people, the ethical difficulties of conducting emotionally charged research involving sexuality issues with minors (who might find it difficult or could be reluctant to obtain the necessary consent from their parents or guardians) further militated against their participation. Lastly, regarding lesbian participants, I wished to avoid the possibility of confounding the experiences and effects of victimization as a gay person and victimization as a woman.

Secondly, the number of co-researchers who participated in this project may be considered to involve both delimitation and limitation issues. As a delimitation, it was simply necessary to restrict the number of research participants to a fairly small total quantity because of the constraints of available time and other resources. In a quantitative study, the generalizability of one's results would be severely limited by a total subject pool of only four individuals. However, as Polkinghorne (1983) indicated, "the issue of generalizability for phenomenological findings is not one of population characteristics but the specificity of the essential description" (p. 48). The potential limitation issue for this research is whether or not a sufficient number of co-researchers were involved to illuminate the entirety of the phenomenon under study and to produce a truly essential description of it (Osborne, 1990; Wertz, 1984). I would argue that, within the boundaries of the established delimitations, the selected co-researchers varied sufficiently in terms of personal demographics and the richly and sensitively described details of their encounters that the obtained Essential Description of the Experience of Undergoing Anti-Gay Violence or Verbal Abuse constitutes a truly essential or eidetic structure, applicable to a broad range of situations. Each of four very different individuals expressed all 15 themes that compose the Essential Description (that might also be expanded to include the five potentially common themes identified after the completion of the validation interviews). I believe that, as is the case with the related research method of analytic induction, "practical certainty [of the validity of a study's results] may be attained after a small number of confirming cases has been examined..." (Borg & Gall, 1989, p. 405; Denzin, 1970). In any event, this

research process has produced a coherent complex of themes thoroughly descriptive of the experience of being subjected to homophobic violence or verbal abuse. Even if the identified common themes are not taken as constituting an invariant structure or essence, the common and important themes, in combination, clearly make up the "more or less characteristic properties of members of a class" (Kuiken, Schopflocher, & Wild, 1989, p. 378); in this case, the class of experiences of anti-gay violence or verbal abuse. Given that the principle aim of this research is to heighten our understanding of these experiences and to improve counselling practices for survivors, I believe that rigid distinctions between themes that are essential and those that are characteristic but variant have little practical significance.

A final potential limitation of this study, already referred to in the Feedback from the Co-Researchers section of chapter five, is the possibility that demand characteristics in the research environment, including the use of leading questions during interviews, may have biased the obtained results. I do not believe that this prospect poses a serious threat to the validity of the research outcomes. As was stated earlier, stringent efforts were made throughout the conduct of this project to articulate and (inasmuch as was possible) hold in abeyance my own research-related presuppositions, beliefs, and biases. Furthermore, in accordance with my chosen existential-phenomenological research method, I see each interview as a conversation wherein the unique interaction of two individuals, researcher and co-researcher, serves to reveal an important perspective on the topic phenomenon (Fischer & Wewrtz, 1984; Seamon, 1982). As Kvale (1996) pointed out,

> a recognized bias or subjective perspective may...come to highlight specific aspects of the phenomena investigated, bringing new dimensions foreward, contributing to a multiperspectival construction of knowledge.... The decisive issue--for interview questions and research questions--is not whether to lead or not to lead, but where the questions do lead, whether they lead in important directions that yield new and worthwhile knowledge. (pp. 286-287)

Applications to Counselling Practice

The results of this study suggest several interesting considerations for psychotherapeutic practice. At the most basic level, the outcomes seem to indicate that counselling interventions for the survivors of anti-gay violence and verbal abuse, whatever the practitioner's theoretical orientation, can be at least partially informed by the general psychological literature on trauma and victimization. All of the co-researchers in this study

reported experiencing many of the sequelae that typify accounts of posttraumatic reactions in general.

A second counselling-related implication of the results is contained in the ubiquitousness and prominence of the co-researchers' reports of posttraumatic growth experiences (Tedeschi et al., 1998). This heartening finding suggests that, even in the wake of extremely aversive and traumatic incidents of homophobic abuse, survivors are clearly capable (perhaps more frequently than may previously have been believed) of drawing positive, life-affirming meaning and growth from their encounters. Counsellors should consider encouraging their abuse-survivor clients to search for and actualize the meaning potentials that may subsist within these experiences of victimization (Lantz, 1996).

A third cluster of issues for counsellors to be aware of, which was clearly of great importance to the research participants in this project, include the abuse survivor's feelings for and attitudes toward his own sexuality, the gay community, and the decision of whether or not and how to disclose his sexuality to others. Given the ambivalence expressed by the co-researchers in relation to these matters and these issues' quite well-established mental health correlates (Alexander, 1987; Coleman, 1982a; Hammersmith & Weinberg, 1973; Maylon, 1982; Meyer, 1995; Walters & Simoni, 1993), psychotherapy for the survivors of homophobic violence and verbal abuse should, with appropriate respectfulness and sensitivity (Garnets et al., 1991; Garnets et al., 1990; Stermac & Sheridan, 1993), explore and address these concerns.

A final counselling issue emerging from the results involves the co-researchers' expressed fears and uncertainties regarding police forces and whether or not their disclosure to others of the fact of having been abused would be believed. Counsellors, especially those serving a crisis intervention function, should be sensitive to the fact that clients who have undergone anti-gay abuse may be reluctant to interact with law enforcement personnel. A list of referrals to appropriate victim advocacy or gay and lesbian/police liaison services should be maintained. Also, therapists need to be aware that abuse-survivor clients may worry that their accounts could be disbelieved, and may require patience and encouragement before feeling comfortable disclosing what they have experienced.

Ideas for Future Research

As this thesis project progressed, I became aware of a number of intriguing potential areas for future research. Several of these have already been mentioned. One idea was to conduct a quantitative study of the degree of correlation between subjective reports

of posttraumatic growth and psychometric measures of mental health and adjustment. A second possible project would involve research into the specific correlates of posttraumatic growth for survivors of homophobic violence and verbal abuse, with particular attention to the role played by posttraumatic social support. A third potential project would involve a qualitative investigation further exploring the determinants of the co-researchers' expressed fear that others might disbelieve their accounts of having encountered abuse. A fourth and related research avenue would be a study of the personal meaning and possible therapeutic value of the disclosure to others of one's experience.

I believe that the potential limitations of the study considered earlier suggest further interesting directions for future research efforts. A replication involving a larger group of co-researchers could serve both to validate the themes identified here and to support or disconfirm the eidetic, invariant nature of the Essential Description of the Experience of Undergoing Anti-Gay Violence or Verbal Abuse. Additionally, a redesigned qualitative study could be conducted to search for distinct sub-types of experiences of homophobic abuse that could have escaped discovery while utilizing a methodology, such as was followed in this research, that emphasizes the detection of essential structures.

Postscript

Bearing in mind that a little more than a year has passed since conducting the data-gathering interviews, I thought it would be appropriate to conclude this thesis with a brief update concerning the co-researchers and their life situations.

Each of the three research participants with whom I was able to maintain contact until the end of this project indicated that some fairly important developments had occurred in their lives that might be considered to be related to their encounters with homophobic abuse. Mr. Gay continues to pursue his work as an elementary school teacher, but indicates that he is seriously considering a career change. This is, in part, because of what he said he perceived as the heterosexist and sometimes intolerant character of our educational system. Albert still owns and manages his own business, and remains prominently involved in the local gay community. He indicated that, while the youths who threatened his life were identified by the police, they were never charged with any criminal offense. Finally, Red continues to live and work in the Edmonton area, and I was able to go with him to attend the trial of one of his assailants in the Alberta Court of Queen's Bench. After a brief hearing, while the judge repeatedly described the accused's homophobic language during the incident as "deplorable," the young man was acquitted of assaulting Red, largely because of inconsistencies in the testimony of the various witnesses

(he *was* convicted of assaulting a friend of Red's, and was fined $300 for that offense). Red reported that, several months later, he encountered his abuser again, very near where the original attack had taken place. He stated that the young man subjected him to several minutes of public threats and homophobic verbal abuse before Red finally left the area.

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APPENDIX A

University of Alberta
Department of Educational Psychology

Research Participants' Information and Consent Form

Project Title: A qualitative investigation of gay men's experiences of homophobic violence and verbal abuse.
Principal Investigator: Robert O. Cey

The goal of this research is to increase psychological knowledge of what it is like to be subjected to hate-motivated, anti-gay violence and verbal abuse and of how gay men live through these experiences.

This research will be conducted via at least three interviews. The first interview, lasting about 20 minutes, is to familiarize you with the goals and methods involved in this project, to discuss your rights as a potential research participant, and to answer any questions you may have about the study. During the second interview, you will be asked to describe, in detail, your experience with homophobic violence or verbal abuse. This second interview should last one to two hours. In the third and any later interviews, a few additional questions about your experience may be asked. Additionally, the information gained from your earlier participation will be made available to you, so that you may comment on the accuracy of the investigator's interpretation of your data. Third and subsequent interviews should last 30 minutes or less.

Second interviews will be audio-taped and then transcribed. In order to protect your anonymity, the tapes and transcripts will be stored in a locked cabinet, and you will never be identified by name in any publications resulting from this study. Only the researcher and his academic supervisors will have access to the taped material.

The final research report, including anonymous quotations from transcripts, will be available to all participants and will be presented as a Masters Thesis.

Because we will be discussing personal and very emotionally charged subjects, you may become aware of unpleasant or disturbing thoughts, emotions, or feelings during or after an interview. A referral list of appropriate counselling and informational resources has been prepared and will be available to you at any time.

It is hoped that you will gain feelings of satisfaction and well-being from your participation in this study. Additionally, the findings derived from this research may further scientific knowledge and help improve counselling practices for future hate crime survivors.

This is to certify that I,_____(print name) hereby agree to participate as a volunteer in the aforementioned research project.

I hereby give permission to be interviewed and for those interviews to be recorded on audio-tape. I understand that at the completion of the research (i.e., after the investigator's final defense of his thesis) the tapes will be erased. I acknowledge that the information gained may be published, but that my name will not be associated with the research.

I understand that I may refuse to answer any questions put to me during the interviews and that I am free to withdraw my consent and terminate my participation in this project at any time, without any adverse consequences. I have also been informed of and accept the risks and discomforts that may be involved in my participation in this study.

I acknowledge that this research project has been fully explained to me, that I have been given the opportunity to ask whatever questions I desired, and that all my questions have been answered to my satisfaction. I understand that Robert Cey (at 478-1875) and Dr. L. Stewin (at 492-2389) will be available to answer any additional questions and deal with any possible complaints that I may have regarding this research project.

Signed.

_____ _____

Participant Researcher

_____

Date

APPENDIX B

University of Alberta
Department of Educational Psychology

Research Participants' Hand-Out

Project Title: A Qualitative investigation of gay men's experiences of homophobic violence and verbal abuse.
Principal Investigator: Robert O. Cey

This hand-out is intended to help prepare study participants for the semi-structured interview format to be used in the main, data-gathering segment of this project.

I am interested in your personal experience of being subjected to anti-gay violence or verbal abuse. I will be asking you to describe your experience or experiences of such events within the past 12 months in your own words and in whatever order fits for you. There is no right or wrong way for you to approach this; just tell me your story as it happened and however it comes to mind.

I am especially interested in your sense of how things happened and, even more importantly, how you felt about the events. Please report all aspects of your memories, feelings, sensations, images, and thoughts that you connect with your particular context of homophobic violence or verbal abuse. Feel free to include elements of your experience that occurred prior to, during, and after the abuse itself, even up to the present, with what it feels like to reflect back on your experiences, today.

Please focus on your experiences and not on any analyses of or opinions about such events that you may have gathered from books, television, personal discussions, or other sources. Your description will not be judged in any way and will be kept completely anonymous, so please try to report your experiences as honestly, fully, and naturally as you are able.

APPENDIX C

Data-Gathering Interview Guide

The words "homophobic abuse" are used in this interview guide, but the researcher will employ whatever term(s) the participant chooses to describe such experiences.

Introduction and Rapport Building
-Welcome co-researcher. Ensure that the setting is comfortable.
-Thank the co-researcher for agreeing to participate and for his time.
-Invite the co-researcher to ask any new questions about the study or myself that may have occurred to him.
-Re-state the overall research question: "What are the common and important experiences of gay male survivors of homophobic violence and verbal abuse?" and my goal: "to find out what it is like for gay men to live through experiences of hate-motivated violence or verbal abuse".
-Remind the co-researcher of his right to refuse to answer any question and to withdraw from the study, without penalty, at any time.
-Discuss the format of a semi-structured interview and what to expect:
    -We will be tape recorded and I may write down occasional notes to assist my recall later in the interview,
    -Once we begin, I will be speaking only occasionally so that we can focus on the co-researcher's descriptions of his experiences,
    -I may ask a series of shorter, more specific questions after the co-researcher feels that he has fully described his experience and told his personal story.
-Conduct brief relaxation exercise.

Main Question
-If the co-researcher feels ready, read the participants' hand-out aloud.
-Ask the co-researcher to begin his description.

Supplemental Themes/Prompts
-demographics/sense of self
-details of the attack/how was it anti-gay?
-affective responses
-cognitive responses
-physiological responses
-behavioral responses
-social/interpersonal responses
-meaning/significance of the overall event and of any personal symptoms
-spiritual/philosophical insights or changes/overall growth or diminution after the experience
-"outness"/attitudes toward gayness and the gay community
-counselling experiences after the attack
-experiences with police/secondary victimization

APPENDIX D

University of Alberta
Department of Educational Psychology

Research Participants' Referral List

Project Title: A qualitative investigation of gay men's experiences of homophobic violence and verbal abuse.
Principal Investigator: Robert O. Cey

This list is provided to help direct interested study participants to appropriate, gay-positive counselling and informational resources in the Edmonton area.

Professional Counselling Resources:

Sexual Assault Centre of Edmonton 3rd Floor, 10355 Jasper Avenue (24 hour Crisis Line)	423-4102 (423-4121)
Student Counselling Services (University of Alberta students only) 2-600, Students' Union Building	492-5205
University of Alberta, Faculty of Education Division of Clinical Services 1-135, Education North Building	492-3746
University of Alberta Hospital Psychiatric Walk-In Clinic 8440-114 St.	492-6501

Information and Other Services:

AIDS Network of Edmonton Society #201, 11456 Jasper Avenue	488-5742
Edmonton Police Service- Gay and Lesbian Liaison Committee	424-7248 Pager # 293
Edmonton Police Service Victim Services Unit	421-2217
Gay and Lesbian Community Centre of Edmonton #103, 10612-124 Street	488-3234

APPENDIX E

Example of the First Level of the Data Analysis Process

Meaning Unit	Paraphrase	Label
I was just walking, and I saw these...I remember seeing these two guys at the end of the block, and they didn't look...they just looked like average guys. They were walking towards me, talking to each other.... They were just talking to each other, walking towards me, I didn't think anything of it. I had actually passed them and nothing happened. At that point, face to face, I walked past them.	The co-researcher first saw his assailants as average-looking and unthreatening people. He experienced no sense of danger as he walked past them.	-Lack of awareness of danger.
Normally, you can tell if someone's going to give you trouble, or something.	The co-researcher expressed the belief that one can normally detect danger/hostility from other people before it is realized in behavior.	-Expectation of own ability to foresee danger.
The next thing I remember is one of them having grabbed me, from behind [gesture of right arm across his chest, grabbing] around...not really around the neck, choking me, but...around the chest, just holding me. The other guy came around and, I'm not sure exactly how many shots, but it had to have been at least eight or nine.	The co-researcher described, in somewhat imprecise terms, the details of the physical attack upon him.	-Poor memory for details of the attack.
And then, they walked away. They didn't run, or anything, they just walked away from me. Went on, as if nothing had happened.	The co-researcher described how his assailants walked calmly away from him, rather than running, after the attack was over.	-Violation of expectations.

I wasn't worried...I don't know. I knew they were just going to leave and leave me alone, I wasn't worried that they were going to come back and give me some more,...	The co-researcher expressed feelings of relief after the attack had concluded.	-Relief once the attack was over.
...I kind of felt like I was the only person in the world, you know? And I looked around and there was...no-one had seen what had happened...kind of like I was the sole witness,...	The co-researcher expressed feelings of profound aloneness and isolation.	-Feelings of aloneness and isolation.
...and there was nothing I could do. I couldn't chase them down [laughs], you know?	The co-researcher believed that he was incapable of doing anything to resist or apprehend his assailants.	-Sense of personal ineffectualness. -Sense of helplessness/loss of control.
I think if I had been with someone else, and maybe two of us got beat up, or something, I would have felt different,...	The co-researcher believed that if another person had been with him, he would have felt differently.	-Sense of having been singled out.
...I just felt like I was the only person in the world, at that moment.	The co-researcher felt alone in the world immediately after the attack.	-Feelings of aloneness and isolation.
There was no-one there to help me. No-one there to, like, go after these guys....	The co-researcher had no-one to assist him immediately after the attack.	-Sense of lack of needed assistance.
And then I kind of just, I don't know, I was kind of thankful, I guess, that I wasn't hurt worse than I was.	The co-researcher was thankful for not having been more seriously injured.	-Relief at not being seriously injured.
I'm quite sure I should've went to a hospital or something and got checked out, but I'm kind of stubborn and too proud, so I didn't.	The co-researcher realized that he may have required medical attention, but decided not to pursue it.	-Decision not to obtain outside assistance.
I just, kind of, after I kind of came to, I guess, and snapped back into where I was, sitting on the sidewalk,...	The co-researcher entered a state where his mind and body felt separated and then "snapped back" to himself.	-Mind-body separation.

...I just got up, and went on my way, and went to meet with my friends....	The co-researcher tried to continue with life as usual immediately after the attack.	-Desire to continue with life as usual after the attack.
I got there and my two best friends in the world were there, and a bunch of other people. I was in this bar, crowded with people, but I still, totally, felt alone.	The co-researcher joined a group of friends soon after being attacked, but still felt deeply isolated.	-Feelings of aloneness and isolation.
No-one knew what had happened, I didn't want to tell anyone and bring everyone down, you know? Crash the party, kind of thing, so.... And all night, I just remember sticking to myself and not really...I wasn't being anti-social, I guess, but I was just...I didn't talk to anyone unless I was talked to.	The co-researcher felt reluctant to burden others with the knowledge of his having been attacked, and withdrew socially.	-Reluctance to discuss the attack with others. -Social withdrawal.
I had a few drinks, which kind of numbed the pain, I guess.	The co-researcher consumed alcohol to numb his pain immediately after the attack.	-Self-medication.
My friends knew something was wrong, because I just, totally, wasn't myself. I'm usually very outgoing with people I know. I just kind of sat there, like a bump, all night.	The co-researcher's uncharacteristically withdrawn behavior alerted his friends that something was wrong.	-Social withdrawal.
...I can't even tell you what I was thinking about, I was just sitting there on a stool, staring at the floor. Maybe not even really thinking about anything, just...just there.	The co-researcher was physically present at the social function, but mentally absent or inactive.	-Mind-body separation.
I shouldn't have been there, I should've been at home or somewhere else, but....	The co-researcher felt the need to be elsewhere or doing something else while at the social event.	-Sense of need for movement or action.

APPENDIX F

Within-Person Analysis: Interpretive Labels
Co-Researcher: Red

Label	Meaning Unit Number(s)
Altered perception of time during the assault	27
Anger	2, 35, 46, 49, 55, 56, 94, 96, 97, 98, 101
Assault reviving memories of abuse in family of origin	69, 70
Assault reviving memories of own bullying in the past	74, 75
Assertion of own right to equal treatment	195
Attempt to gain assistance from a bystander	23
Avoidance of the gay community	123
Belief that experience with homophobic violence may have prompted improved acceptance of own sexuality	221, 223, 227, 228
Belief that gay organizations sometimes antagonize heterosexuals	241
Belief that gay people need to do more to support gay community groups	246, 247
Belief that gay people sometimes inappropriately flaunt their sexuality	234, 235, 236
Belief that gay people sometimes provoke anti-gay violence	233, 234, 235
Broad, social perspective on the assault	153
Bystanders failing to offer any assistance during assault	26, 30, 37
Change in sense of self	126, 127, 128, 129, 134, 135, 138, 140, 147, 197, 198, 245
Changed openness about own sexuality	237, 238
Changed social behavior	178, 182
Changed social perceptions	196, 231
Confidence in police	187
Cynicism about other people	49
Desire for justice	254
Desire for revenge	94, 97, 98, 101
Desire to assert own genuine identity	116, 117, 130, 131, 133, 144, 146, 151, 183, 204
Desire to avoid any reminders of the assault	123, 124, 125, 142, 143, 144, 150, 199
Desire to change the past	51
Desire to commemorate/concretize/remember the assault	119, 121
Desire to control the uncontrollable in life	184
Desire to explain/understand one's experience	39, 55, 59, 65, 72, 109, 153
Desire to protect others	54, 254, 255
Desire to understand	61
Despair	105, 107, 109
Difficulty accepting own sexuality	216, 217, 222
Difficulty discussing the assault	151, 152, 170, 172

Distracting oneself from the memory of the assault	113, 114, 130, 135, 139, 184, 199
Effort to physically escape from harassers	4, 7, 11, 13, 15, 19
Everyday concerns creating a sense of grounding in reality	165, 166, 167, 183
Fear	31, 33, 40, 85, 86, 91, 99
Fear at discovery of own injuries	85
Fear for the future	87, 88, 89
Fear that others might think one lied about the assault	257
Feeling of helplessness	41, 93
Feeling of inspiration by similarities between a literary storyline and one's own experiences	64, 159, 174, 175
Flashback experience	69, 70
Friend failing to offer assistance during assault	29, 34
Gradual acceptance of own sexuality	218, 220, 221, 223, 224, 226, 239, 243
Gradually increasing acceptance of/openness about own sexuality	219
Guilt	74, 75, 76, 97, 99, 100, 101, 102, 103, 106
Harassers restricting co-researcher's freedom of movement	6, 14, 17
History of verbal and physical abuse	67, 68
Homophobia in family of origin	57, 60, 61, 62, 68, 192, 194, 217
Homophobic abuse in a public place/in front of witnesses	15, 16, 18, 20, 22
Increased awareness of societal homophobia	73, 76, 119
Injury during assault	44
Integration of gayness into broader identity	220, 223, 224, 239, 243
Involuntary exposure of sexuality	1
Involvement in the gay community	155, 217
Knowledge of homophobic violence through the media	81
Low self-esteem	63, 105, 107, 108, 154
Memory loss during assault	24, 25
Memory loss or altered sensory perception during the assault	46
Partial ability to empathize with attackers	60
Perception of homophobia within the gay community	229
Perception of the gay community as closed to heterosexuals	248
Perception of the gay community as disorganized	230
Perception of the gay community as fractious/self-defeating	230, 244
Persistent, ongoing pursuit and harassment	3, 5, 8, 9, 10, 12, 15, 16, 18, 21, 22
Physiological reaction to the assault	43, 50, 77, 82, 83, 84, 90
Positive impression of police response	250, 251, 252, 258
Potentially serious, permanent injury from the assault	90, 91, 92

Pride in own strengths	121, 122, 186, 191
Pride in the gay community	155
Relief at having survived the assault	110, 120, 121, 161
Reluctance to discuss the assault	249
Reluctance to rely on others for assistance	207, 209, 210, 212, 213, 214, 240
Repudiation of own perceived weaknesses	132, 148
Sadness	63, 99, 100, 103, 154
Self-blame	51, 211
Self-questioning	65, 153, 156, 180
Sense of being out of contact with changing events	202, 203
Sense of betrayal	1, 29, 34, 35, 36, 49, 53, 55, 56, 94, 96, 97, 98, 101, 109
Sense of closeness to death	28, 32, 40, 41, 71
Sense of confinement/restriction	93, 130, 131, 133, 144
Sense of determination/conscious decision making	115, 116, 117, 119, 122, 158, 169, 173, 175, 176, 181, 186, 198, 205, 210, 212, 213, 215, 243
Sense of empathy for other survivors of homophobic violence	146, 160, 163, 164, 193
Sense of frustration with other gays	231, 232, 244, 246
Sense of having been singled out	49
Sense of having failed properly to defend oneself	78, 124
Sense of having violated own values	99, 102, 106, 141, 177, 180
Sense of hope	64, 176, 190, 215
Sense of life being stuck	198, 200, 201, 202, 203
Sense of new learning	76
Sense of own difference	61, 62, 63, 64
Sense of own failure to live up to traditional masculine role expectations	62, 148, 225
Sense of personal growth/maturation	245
Sense of personal growth/strengthening	185, 186, 197, 198
Sense of personal invulnerability	81
Sense of purpose	52, 64, 115, 116, 157, 158, 159, 162, 168, 169, 175, 181
Sense of resignation in relation to own sexuality	218, 220, 226, 228, 243
Sense of shock	85, 102
Sense of the adoption of a false identity	126, 127, 128, 129, 130, 132, 134, 135, 138, 140, 147, 165, 166, 167, 178, 180, 182, 183, 199, 224
Sense of unfulfilled purpose in life	32
Sense of wrongness	32, 109
Sense of wrongness/unfairness	59
Shame at having been victimized	149
Shame over marks left by the assault	111, 112, 118
Social support after the assault	42, 45, 48, 58, 66, 95, 96, 104, 137, 171, 206, 208, 209, 213, 217, 240, 242
Social withdrawal after the assault	136, 143
State of uncertainty/paralysis	70
Strong awareness of own values	52, 145, 175, 176
Suicidal thoughts	105, 107
Surprise/violation of expectations	79, 81, 251, 252

Theory building	39, 72
Uncertainty	87, 88
Uncertainty about police attitudes	256, 257
Valuation of own difference	64
Violation of expectations	26, 29, 30, 34, 36, 37, 38, 47, 53, 55, 56, 80
Willingness to contact police	253, 256
Willingness/desire to be self-sacrificing	52, 53, 54, 55, 108, 109, 145, 154, 175

APPENDIX G

Within-Person Analysis: Thematic Clusters
Co-Researcher: Mr. Gay

Labels	Theme
Harassment affecting professional life, Co-researcher labeled as a potential source of harm to students and the community, Harassment manifesting in/affecting all aspects of the co-researcher's life, Harassment prompting consideration of career change	1. Harassment affecting professional life
Harassment affecting spiritual life, Harassment affecting church/spiritual life, Harassment manifesting in/affecting all aspects of the co-researcher's life	2. Harassment affecting spiritual life
Involuntary exposure of homosexuality, Harassment overcoming attempts to protect own privacy, Concern over confidentiality creating reluctance in accessing local support services	3. Sense of violation/invasion of privacy
Sense of being verbally assaulted, Serious emotional impact of verbal abuse, Difficulty coping with the harassment experience, Sense of gradual erosion of coping resources, Depression, Harassment eroding own sense of self-esteem, Mental disorganization, Sense of being verbally assaulted, Harassment aggravating/ magnifying other personal problems, Serious emotional impact of prolonged verbal abuse and verbal abuse from social acquaintances	4. Serious impact of verbal harassment and abuse
Initial sense of shock, Surprise at abuse, Violation of expectations, Surprise at social support given to abuser, Shock at lack of community opposition to verbal abuse, Sense of insecurity, Harassment removing sense of stability of life, Denial of the reality of the harassment, Shock/disappointment at lack of expected social support, Sense of shock/ surprise/disbelief at abuse experience	5. Sense of shock/disbelief/insecurity
Uncertainty over what to do, Uncertainty, self-questioning, Persistent uncertainty in the face of ongoing abuse, Uncertainty regarding others' attitudes, Uncertainty about the future, Uncertainty about others' feelings, Fear of/uncertainty about the police in general	6. Uncertainty/self-questioning

Self-monitoring/self-censorship, Feeling unable to respond to homophobia, Pressure to leave home community, Sense of oppression, Sense of being held hostage, Usual activities curtailed out of fear of further harassment, Sense of being pressured/ manipulated, Sense of harassment escalating out of control, Harassment removing sense of stability of life	7. Dysphoric sense of loss of control/manipulation
Others taking sides in the harassment experience, Surprise at social support given to abuser, Shock at lack of community opposition to verbal abuse, Expectation of social support, Sense of aloneness and isolation, Sense of betrayal by socially familiar abusers, Sense of lack of needed assistance, Shock/ disappointment at lack of expected social support, Friends slow to become concerned, Others failing to understand ones' experience	8. Accumulating sense of social isolation
Co-researcher labeled as a potential source of harm to students and the community, Pressure to leave home community, Sense of being held hostage, Desire to physically escape from harassment, Reluctance/difficulty returning to site of original abuse	9. Significance of places in relation to the abuse
Violation of expectations; Surprise at abuse; Surprise at social support given to abuser; Shock at lack of community opposition to verbal abuse; Surprise at distance and elaborateness of some harassing calls; Surprise at length and elaborateness of harassment; Comparison of gays' situation to that of another oppressed minority group; Belief in others' discomfort with sexuality issues, generally; Denial of the reality of the harassment; Perception of the experience as an attempt to promote hatred; Changing perceptions of the seriousness of the experience; Sense of shock/surprise/disbelief at abuse experience; Increased recognition of the difficulties that gay people face; Realization of the reality of anti-gay harassment; New learning	10. Confrontation of the unexpected reality of discrimination
Uncertainty over what to do, Uncertainty, Theory building, Need to make critical choices, Persistent uncertainty in the face of ongoing abuse, Self-questioning, Uncertainty about the future, Need to explain why the harassment occurred, Re-examination of past choices, Re-examination of own life and important choices, Regret over lost opportunities	11. Need to understand and to choose correctly (and to have done so in the past)

Perception of abusers as treacherous and sly, Perception of abusers as stupid, Sense of betrayal by socially familiar abusers, Perception of abuser as unworthy of respect, Perception of abusers as foolish	12. Contempt for abusers
Attempt to stop harassment through legal mechanism, Desire to gather evidence for legal proceedings against abuser, Failure in attempts to identify telephone harassers, Inability to locate a counsellor knowledgeable about gay issues, Dissatisfaction with counselling experiences, Conscious efforts to recover from the harassment experience, Pharmacotherapy, Desire to take legal action against abusers	13. Efforts to utilize trusted supportive/protective services and institutions
Usual activities curtailed out of fear of further harassment, Harassment prompting consideration of career change, Desire to confront/strike back at abusers, Resigned acceptance of changes resulting from the harassment, Confrontation of previously unhelpful institutional resources, Sense of confidence and determination, Pride in sense of control over own life, Determination to be more open about own sexuality, Using experience to avoid future harassment, Increasing openness/outness about own sexuality with each act of abuse, Sense of the therapeutic value of standing up for oneself, Assertion of own right to privacy, Conscious efforts to recover from the harassment experience, Changed social behavior	14. Personal/behavioral coping efforts and "self-therapy"
Desire to protect others from the unpleasantness of the experience, Self-blame, Feelings of shame, Harassment eroding own sense of self-esteem, Feeling unable to respond to homophobia, Reluctance to identify oneself as gay/to be singled out, Self-monitoring/self-censorship, Sense of oppression, Changed social perceptions and behavior, Uncertainty about others' feelings	15. Shame/self-blame/desire not to be identified as gay
Comparison of gays' situation to that of another oppressed minority group; Determination to be more open about own sexuality; Perception of the experience as an attempt to promote hatred; Pride in own gayness; Change in type of outness, as well as degree; Increased openness/outness about own sexuality; Assertion of own right to privacy; Increased recognition of the difficulties that gay people face; New respect for prominent gay activists; Sense of need for social action; Desire to assert pride in own sexuality	16. Pride in own gayness/the gay community

Sense of the failure of institutional resources to take effective action, Sense of lack of needed assistance	17. Lack of needed/expected support
Sense of harassment escalating out of control, Change in tactics of harassment over time, Harassment spreading to include the co-researcher's friends, Harassment manifesting in/affecting all aspects of the co-researcher's life, Sense of gradual erosion of coping resources, Persistence/continuation of harassment	18. Harassment spreading/escalating/ continuing
Fear, sense of insecurity, Elaborate harassment causing a sense of lingering fear, Usual activities curtailed out of fear of further harassment, Fear of possible future harassment, Fear that harassment would escalate, Desire to avoid future victimization, Fear of/uncertainty about the police in general	19. Fear
Physiological problems	20. Physiological problems
Depression, Mental disorganization, Pharmacotherapy	21. Depression/mental disorganization
Reluctance to approach police, Personal knowledge of police producing expectation of hostility, Fear of/uncertainty about the police in general, Socialization within the gay community producing expectations of police hostility, Past experiences with homophobic/unhelpful police officers, Expectation that police would be unhelpful	22. Negative attitude toward/ expectations of the police
Reluctance to access local institutional support services, Concern over confidentiality creating reluctance in accessing local support services	23. Reluctance to access some local support services
Desire to confront/strike back at abusers, Confrontation of previously unhelpful institutional resources, Sense of the therapeutic value of standing up for oneself, Anger, Desire to take legal action against abusers	24. Anger/desire to confront abusers
Feelings of shame, Uncertainty regarding others' attitudes, Wondering about others' perceptions about oneself, Changed social perceptions and relationships, Reluctance to identify oneself as gay/to be singled out, Self-monitoring/self-censorship, Sense of being watched, Changed social perceptions/behavior, Uncertainty about others' feelings	25. Concern about others' attitudes/ opinions

Changed social perceptions and relationships, Changed social perceptions, Changed social perceptions/behavior, Strengthened sense of social responsibility, New focus on social roles and their influence on one's life, Sense of need for social action	26. Social/interpersonal changes
Search for purpose, Re-examination of past choices, Re-examination of own life and important choices, Reflection on own gayness, New focus on social roles and their influence on one's life, Regret over lost opportunities	27. Deep self-reflection
Inability to locate a counsellor knowledgeable about gay issues, Dissatisfaction with counselling experiences	28. Unsatisfying counselling experiences
Conscious efforts to recover from the harassment experience; Sense of confidence and determination; Resigned acceptance of changes resulting from the harassment; Renewed self-confidence late in overall experience; Recovery beginning with a sense of disengagement from old life and harassment-related problems; Feeling of adolescent rebelliousness; Desire to confront/strike back at abusers; Pride in sense of control over own life; Confrontation of previously unhelpful institutional resources; Determination to be more open about own sexuality; Increasing openness/outness about own sexuality with each act of abuse; Change in type of outness, as well as degree; Sense of wrongness/injustice; Increased openness/outness about own sexuality; Sense of the therapeutic value of standing up for oneself; Assertion of own right to privacy	29. Cognitive shift/renewed self-confidence preceding recovery from harassment experience
Sense of unfairness, Assertion of self-worth and innocence, Sense of wrongness/injustice, Assertion of own right to privacy	30. Sense of wrongness/injustice/ unfairness
Gayness becoming the central aspect of one's identity	31. Gayness becoming the central aspect of one's identity
Mourning loss of earlier life/world	32. Mourning loss of earlier life/ world
Fear of possible future harassment, Using experience to avoid future harassment, Desire to avoid future victimization	33. Fear of future harassment
Determination to be more open about own sexuality; Increasing openness/outness about own sexuality with each act of abuse; Change in type of outness, as well as degree; Increased openness/outness about own sexuality	34. Change in type of outness, as well as degree

Using experience to avoid future harassment, Sense of personal growth, Sense of increased competence/learning, Changed social perceptions and behavior, Changed social perceptions, Changed social perceptions and relationships, New learning, Strengthened sense of social responsibility, Sense of increased personal strength/learning	35. New learning/personal growth
Feeling of adolescent rebelliousness	36. Feeling of adolescent rebelliousness
Sense of being watched, Sense of being watched/ followed	37. "Paranoia"/sense of being watched
Harassment affecting family life	38. Harassment affecting family life
Sense of betrayal by socially familiar abusers, Changed social perceptions and relationships, Violation of expectations	39. Sense of betrayal by socially familiar abusers
Social support, Social support creating new problems	40. Social support
Assumption of own visible gayness	41. Assumption of own visible gayness
Harassment aggravating/magnifying other personal problems	42. Harassment aggravating/ magnifying other personal problems
Past experiences of homophobic verbal abuse, Past experiences with homophobic/unhelpful police officers	43. Past encounters with homophobia
Joy and relief at freedom from harassment	44. Joy and relief at freedom from harassment
Perception of the gay community as disorganized/ undeveloped	45. Perception of the gay community as disorganized/undeveloped
Socialization within the gay community producing expectations of police hostility	46. Socialization within the gay community producing expectations of police hostility

APPENDIX H

Summary of the Data Analysis Process

The information gathered during my interview with you last year was analyzed according to the following seven-step process:

1. The tape-recording of your interview was transcribed verbatim (or as nearly as was possible, with some minor gaps where the audio quality was poor).

2. Your entire transcript was divided into small sections (called "meaning units"), each of which contained and expressed one discrete aspect of your encounter with homophobic abuse. These units might include descriptions of your feelings, ideas, perceptions, behaviors, and/or other dimensions of your personal experience.

3. Each meaning unit was re-phrased from your words into my own understanding of those words. This was done in order to clarify, for myself, my interpretations of your account. The step involved a stringent effort to remain faithful to your original description.

4. Each meaning unit and it's associated paraphrase was assigned one or more short labels interpreting and summarizing those aspects of your experience that they contained. For example, a meaning unit where a co-researcher described his feelings of terror and fear of dying might be labeled "Fear" and "Sense of Closeness to Death."

5. Each individual co-researcher's labels were grouped together into broader themes. This might involve narrow labels such as "Desire for Revenge," "Cynicism About Other People," and others being clustered together into a more comprehensive theme called "Anger."

6. The themes of all four co-researchers were compared and grouped again into higher-order themes describing the experiences of the entire group. Aspects of the experience of anti-gay abuse that were expressed by everyone were called "Common Themes," while those mentioned by only three people were referred to as "Important Themes."

7. The Common and Important Themes derived from the group's interview transcripts were synthesized into written form as the "Integrated Description of the Experience of Being Subjected to Anti-Gay Violence or Verbal Abuse" included in this package.

APPENDIX I

Integrated Description of the Experience of Being Subjected to Anti-Gay Violence or Verbal Abuse

Anti-gay violence and verbal harassment are concepts with which I was familiar, at least in the abstract, even before my personal encounter with such abuse; I had a pre-existing awareness that homophobic violence and discrimination were real and did, sometimes, occur. Despite this awareness, to actually be faced with anti-gay abuse was a very surprising, deeply shocking experience. The encounter represented a disturbing violation of my personal expectations for my life and world.

My actual, direct encounter with anti-gay abuse included my own, ultimately unsuccessful, attempts to avoid or halt the incident. Additionally, I noted that my latest experience of homophobic abuse was not my first--I have faced such encounters on at least one previous occasion. Lastly, I found that I held the expectation that smaller population centers would be more homophobic places than larger cities.

The experience of homophobic abuse had a definite bodily, physiological dimension. The physical injuries that I suffered during the encounter and their aftereffects were clearly personally significant. I experienced physiological reactions to the abuse that included such immediate elements as an adrenaline rush, hyperalertness, and bodily tension and more long-lasting components such as increased feelings of stress and generally poorer health.

The experience of anti-gay abuse and its immediate aftermath were periods of intense emotion and rapid thought. I felt a sense of isolation, exposure, intrusion, and personal violation, including an impression of a lack of needed assistance from others. I experienced profound feelings of powerlessness, restriction, outside oppression, and a very unpleasant sense of loss of control over my own life. I had powerful feelings of fear and terror during my encounter with anti-gay abuse, which gradually diminished afterward (involving a period of lingering insecurity). I felt embarrassed or even ashamed to have been victimized. I also had feelings of anger and resentment that were directed toward my abuser(s); a homophobic society, generally; and other people. I went through unusual alterations to my memory and sensory perceptions. The clarity and detail with which I recalled the abuse experience were different than was the case with other events in my past. I re-experienced the episode through

flashbacks and repetitive thoughts, and the encounter brought memories from earlier in my life, which were somehow related to the experience, very prominently to mind. I also underwent a sense of my mind and body becoming separated, feeling mentally "far away," and having a more general sense of disorganization and inefficiency in my mental processes.

In the longer term, other aspects of the experience became manifest. I received supportive communications and behaviors from at least some of the social contacts to whom I had confided my experience. However, I noted a general trend toward social isolation and withdrawal as a part of my experience. I was reluctant to discuss the abuse with others, or even to think about it, myself. In particular, I had a strong sense of betrayal attached to my experience. I felt abandoned by and profoundly disappointed in socially familiar individuals from whom I had expected much better treatment or more support.

I had strong feelings of defeat, personal failure, and self-blame related to the abuse. I also felt a strong sense of the wrongness, injustice, and unfairness of what I had been forced to go through. I felt driven to contemplate and understand my experience. I devoted significant mental effort to the process of building explanatory theories and trying to determine why my abuser(s) did what they did and why I had been victimized. Both during and after my encounter with homophobic abuse, I felt a strong sense of uncertainty and confusion. This included a process of self-questioning and wondering what to do. Some of my contemplations focused on my own sexuality, as it had become in some sense linked to the encounter with abuse. This included both consideration of current and past struggles accepting my own sexuality and feelings of defiant, hard-won pride in my own gayness and in the gay community. I found that the encounter also led me to reflect on just how visible I am as a gay man and whether or not I am identifiably gay to the people around me. Perhaps relatedly, my public presentation of my sexuality changed. The character and extent of my openness about my homosexuality were altered, partly in relation to a desire to assert my own true identity and to show solidarity with other gay people. Another part of my experience involved wondering whether or not some people lie about having encountered homophobic abuse and an uneasy consideration of the possibility that people might think I was lying about what I had gone through.

In the broadest sense, I felt that the abuse had affected nearly all aspects of my life--I found that it had a general, negative impact on almost every facet of my personal well-being. After the abuse experience, I became more cautious and tentative, and I tended to engage in more

deliberately self-protective behaviors. Also, I felt that the homophobic abuse had negatively affected my working life.

One of the more disturbing aspects of my encounter was that it brought me a sense of closeness to death and a sobering awareness of my own mortality. I endured deep feelings of sadness and depression, perhaps even despair, after and in relation to my abuse. I even contemplated suicide in the weeks following the experience. Conversely, I also had feelings of hope and determination after the encounter. I felt inspired to undertake new, constructive behaviors once the abuse was (primarily) past. I also experienced a sense of joy and relief after it was over--a powerful feeling of newfound freedom and gratefulness that I wasn't harmed more badly then I had been.

I had mixed attitudes toward and experiences of various social groups and agencies in relation to my encounter with abuse. At times, my feelings for the police were generally positive and characterized by a sense of confidence and trust. Conversely, at other times, I had much more negative attitudes toward and expectations of law enforcement personnel. I was also disappointed in and had generally negative attitudes toward the gay community and local gay and lesbian organizations. Additionally, at some point after my encounter, I decided to pursue counselling or psychotherapeutic assistance in relation to what I had gone through.

Finally, in the latest period of my overall experience, I recognized my own increased awareness of and sensitivity to social issues. This was accompanied by an increased desire to help or protect others (especially other members of the gay community) and to prevent recurrences of the sort of abuse to which I had been subjected. My encounter with homophobic abuse also had an effect on my personal spiritual life. A related aspect of my experience after the encounter was a period of deep self-reflection on and of change in my sense of my own identity. Ultimately, I experienced a lasting sense of personal growth, learning, maturation, and strengthening as I reflected back over the entirety of my encounter with homophobic abuse.